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ORIGINAL DEPARTMENT.

LECTURES.

Clinical Remarks on Apoplexy, Delivered at the Pennsylvania Hospital, April 3, 1861,

By Francis G. Smith, M.D.,
Attending Physician.

I desire to call your attention to a case which came into the house a few days ago, and died last night, and on which a post-mortem examination was made early this morning.

J—— W———, aged fifty-four, was brought to the hospital on the first day of April in an apparently apoplectic condition.

He was a short, corpulent man, and on one or two previous occasions during the last four years had suffered from slight attacks similar to that of which he died, but they had all passed off in an hour or two.

On the day in question, on going to his ordinary work, which is that of a shoemaker, he had fallen in the street, and a friend being close at hand, he was brought to the hospital within an hour or two after, and the following notes were made by Dr. Lee, the resident physician:

On careful examination, both sides of his body were found partially paralyzed, the left more than the right; the mouth and face were drawn to the right side; the right pupil was somewhat contracted and movable; the left pupil was sluggish; the pulse beat eighty-four in the minute, full and tense; and the breathing was somewhat stertorous. He was only partially comatose, as he could be roused by calling loudly in his ear.

His treatment consisted in the application of five dry, and three cut cups to the nape of the neck, to be followed by a large blister if necessary; cold cloths were applied to the head, and a stimulating injection of turpentine and castor oil was administered.

In the evening the stertorous respiration was on the increase, and the head symptoms had not diminished. The pulse was feebler, and the extremities a little cool. Six dry cups were applied to the temples, and the blister was applied, and he was ordered an ounce of milk punch every hour; he passed the night quietly. The next morning found him even more lethargic and comatose than on the day previous; his pulse beat eighty-four to the minute, was weaker, and the coma was evidently deepening. At this time he could not swallow, and with great difficulty could be aroused from his coma; he was otherwise the same, except that there was some more heat of skin. He was ordered three cut cups upon the temple, and as the injection the day before had not produced any effect, one drop of croton oil was placed on his tongue.

At 6 o'clock P. M., of the same day, the stertor was reported much worse than before; he was then totally unable to swallow; the left pupil was well dilated, while that of the right eye was contracted to a marked degree; the coma was evidently increasing too rapidly to last much longer.

At 8 o'clock of the same evening he died.

At 6 A. M., the following morning, a post-mortem examination was made. The rigor mortis was well marked. There was no external contusion on the scalp, or upon any other portion of the body.

The lungs were normal; the heart was rather small, and loaded with fat, the auricular walls being somewhat hypertrophied; no lesion of any kind was found in either ventricle.

Upon removing the calvaria, between six and eight ounces of blood escaped from beneath the membranes; the dura mater was inflamed and thickened on the right side and at the middle, and completely adherent to the calvaria. The brain was normal in size and weight, and

much softened; from the right ventricle a large quantity of bloody serum escaped, and in the left there was a large amount of coagulated blood. An interesting point in the case, when taken in connection with the paralysis which existed on the same side of the body.

You will doubtless remember that when a man has a clot of blood effused into the right side of the brain, you will ordinarily meet with the paralysis in the opposite side of the body; and in the great majority of instances this is the case.

It does sometimes happen, however, in exceptional cases, possibly owing to the non-decussation of some of the motor fibres, that when the lesion occurs on one side of the brain, the paralysis is found on the same side of the body.

This is the interesting point connected with this case.

There was paralysis of both sides of this man's body, but much more marked upon the left side than it was upon the right.

A considerable amount of bloody serum was effused into the right ventricle, probably in the rupture that took place, by which the blood was poured out into the left ventricle, it may have broken down the septum lucidum, and a large quantity thus allowed to escape into the opposite ventricle.

This extravasation of blood explains the course, and all the symptoms of apoplexy which are so characteristic; it explains, also, the paralysis, and explains the great oppression of the nervous force as manifested from the beginning.

The case is therefore an illustration of a disease of the nervous system of an important character, to which the name of apoplexy is given from the Greek word Αποπληζια, (fr. απο *intens*, and πλησσω, *to strike*,) because it often manifests itself with much suddenness, as if from the effects of a blow, the patient being knocked down by the violence of the attack.

When the patient came into the house, he presented the unconsciousness and paralysis, the slow labored breathing, the slow and labored pulse, and all the other symptoms which are so characteristic of an apoplectic seizure, and to which I have already called your attention

There were one or two symptoms to which I would briefly advert, to wit: the peculiar, stertorous, or snoring respiration, with the flapping of the cheek, and the disposition to yawn constantly.

This stertorous respiration is produced by the paralysis of the velum pendulum, which lying loosely toward the entrance of the respiratory organs is thrown into vibration by every inspiratory and expiratory effort.

This peculiar flapping of the cheeks is also produced by torpor of the buccinator muscles, and is a sign of grave omen; and also the sighing and yawning which evidence great depression of the respiratory powers, and indicate the efforts to take larger amount of atmospheric air into the lungs at each movement, in order to make up for the deficiency in their number.

When a patient is thus struck down with apoplexy, he presents these symptoms; loss of sensation, and loss of consciousness *beginning in the brain.*

You doubtless know, that there may be a loss of sensation and of consciousness depending upon other circumstances and beginning in different organs, and not constituting apoplexy. There may be loss of sensation and of consciousness, beginning in the respiratory organs, and constituting what is commonly called asphyxia, but this differs materially from that of apoplexy. We may have loss of consciousness and of sensation beginning in the heart, and constituting what is called in ordinary language syncope; but when we have loss of sensation and consciousness beginning in the brain, and in almost all instances traceable to pressure on that organ, then we call the disease by the name of apoplexy.

If it depends on the presence of an undue amount of blood there, we have symptoms which are usually characteristic, such as flushing of the face and fullness of pulse, generally indicative of a plethoric condition. If it depend upon the sudden effusion of serum, the serous apoplexy, as it is sometimes called, instead of having the flushed face, turgid skin, full and labored pulse, we find a pale face, cool extremities, and symptoms indicative of prostration.

It is important to bear these distinctions in mind, between what is called sanguineous apoplexy, dependant either on the rupture of a vessel in the brain, or upon increased determination of blood to that organ, and consequent congestion, and the other variety known as serous apoplexy.

The treatment pointed out in this case was perhaps justifiable under the circumstances, moderately evacuant and early sustaining, and upon this point I have nothing more to add; but there was a symptom to which I would call your attention, and that is the presence of the

greater paralysis which occurred on the same side of the body as that in which the lesion in the brain occurred.

The paralysis which presented itself was of that variety to which the name of hemiplegia is given, where there is a paralysis of one lateral half of the body, as distinguished from paraplegia, where the paralysis is confined to the upper or lower portion of the body, the other portion remaining intact.

This paralysis may be either complete or incomplete; when it is complete, there is an entire loss both of sensation and of motion; when it is incomplete, there is a partial amount of motion left, and there may also be a certain amount of sensibility, or you may have a paralysis of motion without the loss of sensation; and, indeed, instead of having sensation diminished, it may, under some circumstances, become very much increased.

Therefore do not make the mistake which was made by Galen, of supposing that because there is a paralysis of motion, there must, necessarily, be also, a paralysis of sensation. It was the knowledge of the fact that there may be paralysis of motion, without paralysis of sensation, that led Brown-Sequard to make the discovery that the sensory nerves decussate in the spinal cord rather than in the anterior pyramids where the motor fibres cross.

Another circumstance to be borne in mind, is that you may have hemiplegia without loss of consciousness, or with entire loss of consciousness; there may be hemiplegia with rigidity of the limbs, coming on at the very moment of seizure, and you may have hemiplegia with the rigidity coming on late in the disease, and when apparently convalescence has commenced to take place.

These three varieties of hemiplegia are certainly of very great interest, and worthy of close examination, in order that we may explain how they are brought about. How, in the first place, we may have a paralysis of one-half of the body, with or without loss of consciousness; how there may be paralysis with early rigidity of the muscles; and how to explain paralysis with the rigidity coming on late in the disease.

You are aware that the brain receives a large amount of blood, and that its circulation is so arranged as to enable it to be carried on in case of any accident which may happen in the form of obliteration of one of its vessels; and yet it sometimes happens that a vessel carrying blood to a portion of the brain may become obstructed, when by atheromatous deposit, or by emboli, which are small portions of fibrinous material detached from the margins of the valves of the heart, or its inner surface, and discharged through the vessels until one of these coming to a vessel too small to permit of its being transmitted, blocks it up, and prevents access of blood to the part supplied by it.

Virchow, Kirkes, Tuffnell, and others, think that sometimes these emboli find their way into the vessels of the brain, and blocking up the small twigs carrying blood to the substance of the organ, cut off the supply to that part, in consequence of which atrophy and softening take place. A certain portion of the substance of the brain will then become pulpy, diminished in its consistence, and sometimes reduced almost to the fluidity of cream, and yet, notwithstanding this condition, we find the organ carrying on its function uninterruptedly, until, perhaps, without any apparent cause, and while the patient is in perfect possession of his consciousaess, some of the nerve-fibres part, and paralysis takes place in some certain portion of his body.

Thus there may occur paralysis without loss of consciousness.

Sometimes it happens that this paralysis after a while disappears, not improbably by the reunion of these fibres, which have thus been separated, and by the restoration of their functions, for we know that a nerve may be divided, and the function of a distant part be subsequently renewed in consequence of the union of the divided ends of that separated nerve.

Then there may be *paralysis with loss of consciousness.* This may be produced in this wise. There may exist the same softening of the brain as described, and the vessels distributed through that softened part may fail to receive their normal support, or their coats may undergo some slight amount of atheromatous degeneration, and then, under some slight shock, not only will the nerve fibres be broken, but the walls of the vessels themselves will give way, and a quantity of blood be effused into the softened part, producing pressure on a distant part, and thus destroy consciousness.

When you have complete paralysis, with or without loss of consciousness, the paralyzed limb falls, without offering any resistance; it is perfectly flexible, and there is no difficulty in making passive motion with our own hands.

But there is another variety of hemiphlegia,

in which, with loss of consciousness, there is occasionally rigidity of the limbs thus paralyzed, and this is what occurred in the case before us. It was difficult to move the left arm in consequence of the resistance offered by the rigidity of the biceps muscle, and the triceps in attempting flexion and extension.

When blood is effused into the substance of the brain by the breaking down of the vessels, and a clot forms, it tears up the sound portion of the brain, and sets up an amount of irritation, which develops there what is called, in the language of physical science, an increased tension, or, as Dr. Todd has described it, it developes in that sound substance of the brain an increased polarity and increased amount of nervous irritability, producing, in other words, that condition of the brain substance which we find in the spinal marrow in cases where tetanus takes place. This irritation is reflected to the muscles of the paralyzed side and produces the early rigidity.

It is in this manner I explain to you how you can have paralysis with rigidity coming on early, and you will see that it occurs under different circumstances from those which occur in paralysis without rigidity, either with or without loss of consciousness.

It sometimes happens that paralysis, either with or without loss of consciousness in the first instance, after a long continuance, is followed by a rigidity of the muscles of the paralyzed side.

How shall we account for this?

Dr. Todd, whose views I have already given you, in relation to the other varieties, explained it in this manner. In healing the original wound, an endeaavor is made to form a cicatrix around the injured part, and to diminish the cavity which has been produced by the softening; as this cicatrix forms it has a tendency to contract, and in contracting it draws upon the sound substance of the brain lying on the outside of it, and thus excites irritation, such, as we suppose, as is produced by the extravasation of blood into the substance of the brain in the other instance, giving rise to rigidity later in the disease, and dependent upon the irritation transmitted to the sound substance of the brain by the cicatrix around the original point of injury.

These points are worth remembering, in connection with the treatment to be pursued, and demand a passing notice.

Paralysis without loss of consciousness is what generally occurs in an individual of depressed powers of life, and hence bearing depletion badly.

When, with relaxation of the parts, we note rigidity coming on early, it is an indication that depletion will be better borne, but when there is paralysis, either with or without loss of consciousness, accompanied by late rigidity, it depends on a different state of things and may demand a different plan of treatment.

The first and the last variety of hemiplegia, that of paralysis without loss of consciousness, and that of paralysis with late rigidity, would demand opposite plans of treatment from that of paralysis with early rigidity.

Whenever depletion is to be resorted to at all, it must be confined to those cases where rigidity comes on early, or where a large amount of blood has been effused into the substance of the brain, and has set up irritation by lacerating the sound portion of the organ.

In regard to the explanation of the mode in which softening is produced, I have given the views of Virchow, Tuffnell, and others, that it may be owing to atheromatous deposits or emboli, by means of which the calibre of the tube is diminished.

Paget has also shown that the vessels themselves may undergo a sort of fatty degeneration, in consequence of which their original physiological structure comes to be replaced by an oily material, and when their walls have thus degenerated the slightest strain may cause one of these vessels to give way, and a clot of blood to be effused into the substance of the brain. When patients as old as the present one are attacked by paralysis, the probabilities are that some degeneration of this kind has taken place; either fatty degeneration of the walls of the vessels in the interior of the brain, or some atheromatous deposit, by which not only their calibre is diminished, but their power of resistance also lessened, and then under the slightest exertion, perhaps such as straining at stool, or coughing, or singing, or some similar muscular effort of which we have no history in the present instance, one of these weakened vessels will give way and produce the symptoms already described.

There were no evidences in this brain of inflammation of the membranes, no delirium, and no disturbance of the sensorial functions further than that of suspension, showing that the injury was to be found more in the substance of the brain than on its surface, where the intelligential part of the apparatus more distinctly lies.

COMMUNICATIONS.

Contributions to the Pathology of the Spinal Cord and its Investing Membranes.

Read before the Brooklyn Medico-Chirurgical Society.

By Louis Bauer, M.D.,
Of Brooklyn.

[Continued from Vol. V., p. 703.]

Case 1. Acute spinal meningitis; reflex motion of abdominal muscles; hyperæsthesia of lower extremities.

A healthy and large girl, aged nineteen years, was attacked with scarlatina. The eruption was well established. and the reactive symptoms turbulent. Three days after the exanthema had made its appearance, she was seized with pain in the back, hyperæsthesia in the lower extremities and clonic, painless spasms of the abdominal muscles. The latter were so powerful as sometimes to bend and raise the body from the bed. The pulse was frequent, full and hard; sensorium free. General and local depletion over the spine, with appropriate antiphlogistic remedies subdued the complication within a few days. The exanthema took its ordinary course, and terminated in a copious desquamation.

The case was not pure meningitis. Hyperæsthesia and reflex motion evidently denoted myelitis.

Case 2. Acute meningitis spinalis rheumatica; hyperæsthesia of the lower extremities.

A merchant, aged thirty-eight years, endowed with an excitable nervous system, and frequently subject to rheumatic pain, headache, and tenderness over the back, the last, perhaps, superinduced by constant alvine irregularities, was taken down with rheumatic fever. The most prominent pains were located in the loins. On the fourth day, he complained of painful micturition, which I was inclined to attribute to the abundance of uric acid. The next day hyperæsthesia of the lower extremities set in, and was so intense in the toes as to render the bed covering unbearable. An accidental touch of the toes would send an instantaneous tremor through the limbs. Around the lower portion of his body there was a sensation as if a rope were tightly drawn, and the abdominal muscles were so tense as to render relief by a half-erect posture necessary. During this period of the disease, the pulse ranged from 115 to 130, being large, full, and strong. The skin was profusely perspiring; the urine scanty, and saturated with uric acid and phosphates. There was also some cerebral congestion.

Saline aperients and anti-rheumatics gave no relief. Moderate antiphlogistics, in keeping with the constitutional condition of the patient, terminated the disease favorably: the recovery being accompanied with profuse diuresis.

Case 3. Meningo-myelitis; complete paraplegia for about two years; contraction of extensors of both feet and flexors of toes; recovery; permanance of contractions.

This most interesting case was that of a merchant, aged forty-five years, living in this city. The patient had previously enjoyed unexceptional good health, and, in his own language, never knew a day of sickness. About five years ago, while walking on a ladder, across the hatchway of a vessel, he lost his balance and would have fallen, had he not grasped the ladder with his hands and supported himself in a swinging posture. By violent exertion, he succeeded in throwing one of his legs on the ladder, and in some way sprained his spine, and overtaxed the dorsal muscles. For a few days he felt the effects of this exertion. Whether this was the cause of the subsequent malady is doubtful, from the fact that he remained well for the five succeeding months.

At the end of the five months, the patient felt frequent desire to rest himself, and when seated, had some dislike to rise again. This, however, did not incapacitate him for the ordinary avocations of business. How long this condition of affairs remained, the patient does not remember. His attention was not particularly called to it, until one morning he found himself unable to evacuate his bladder. His physician, one of the most prominent practitioners of New York city, pronounced his trouble inflammation of the bladder. Injections of this organ were thereupon administered, which brought away a great deal of mucous matter! In the meanwhile, the patient assisted his attendant in the diagnosis, by stating that he could not walk with the same facility as heretofore. The disease was then pronounced softening of the chord, and strychnia was administered. A pathologist *par excellence* confirmed the diagnosis, but suggested the propriety of antiphlogistics.

In the course of the disease, the patient experienced one night a severe chill, simultaneously with which rigid and permanent con-

traction of the extensor muscles of the foot, and the flexors of the toes set in. After a protracted attendance, the case was regarded incurable, and the gentleman seen only once in a while.

At the end of the second year, signs of improvement began, which the patient succeeded in promoting by sea-bathing. In the course of six months, volition and sensation returned almost to perfection; the contractions, however, remaining. This change in the aspect of the malady did not exactly correspond with the diagnosis, and it was thought convenient to consider it exudative spinal meningitis. Nature had done so much, that it was thought she might also accomplish the relief of the deformity. But this expectation was doomed to disappointment, for after the lapse of two years and a half, during which time the patient had been consigned to a helpless condition, the contractions remained the same.

By subcutaneous division of all the contracted muscles, I have succeeded in restoring the form and usefulness of one foot; the other will be operated on in a few days, with the same prospective result.

Case 4. Cervical spinal meningitis, followed by torticollis and hemiplegia; eventual relief.

A girl, aged thirteen years, daughter of a Mr. Foster, a tinsmith in this city, was brought to me afflicted with torticollis. About four weeks previously she had been subject to rheumatic fever, and "the rheumatism had finally settled itself in the neck, and produced the deformity." She was of slender and anemic appearance, exhibiting, at the same time, precocious development in the mammæ, and in menstruation. The cervical portion of the spine was exceedingly tender, and the movements of the head painful. Even within the scope of the contraction, there was no structural affection of the sterno-cleido mastoid. This fact at once indicated a serious lesion. I naturally apprehended the extension of the disease from the spine to the membranes of the chord, if not to the latter itself.

The exigencies of the case were promptly met by appropriate remedies. A seton was established, and rest advised. A few days after, the patient presented imperfect hemiplegia of the left side, exclusive of the face. Iodide of potassium and tr. of bark was ordered. During the subsequent eighteen days gradual improvement ensued; the contracted muscles relaxed. On the twenty-fourth day the paralysis was as bad as ever. The treatment was persisted in without much change. In the sixth week of the treatment, there were some symptoms of the right side having become similarly affected; at any rate, the sensation was materially blunted, and motion by no means as ready as before. Locomotion had become almost impracticable.

This pertinacity of the disease could not fail to convince me that the treatment hitherto pursued, had signally failed, and the increasing debility demanded direct restoratives and tonics. With a generous diet and wine, was combined the iodide of iron, and, to my greatest surprise, the disease yielded in a few days to this plan of treatment.

The disease very likely bore an intimate relation to the sexual development, and the comparatively rapid improvement, in apparently so serious a malady, reminded strongly of that mysterious monster, hysteria; yet, in analyzing the local symptoms, a material impediment in the free action of the chord can scarcely be denied. The preceding rheumatic fever, the subsequent localization of rheumatism in the neck, intense pain on motion, and, in fine, the persistent contraction of the muscle, were anything but hysteria. All these troubles may have derived a certain influence from the peculiar state of the nervous system, and the anemic condition of the blood.

I am of the opinion that the tendinous apparatus of the spine had been first affected, and had gradually involved the membranes and the chord itself. It is noteworthy that it was the *right* sterno-cleido mastoid that was contracted, whilst the hemiplegia was on the *left* side.

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The Balance of Account.—The balance of account between satisfaction and remorse was jocosely stated by Dr. Warren to Lady Spencer, who had said she thought the frequent reflection, that a different treatment might have saved their patients, must embitter the lives of medical men, he told her that the balance was greatly in favor of satisfaction, for he hoped to cure her *forty* times before he killed her *once*.—*Physic and Physicians.*

Relics of Mexican Barbarity.—Several skeletons of human beings who were buried alive, between walls, in the convent of St. Domingo, in the city of Mexico, have been recently discovered. They are fettered hand and foot, and bear evidence of writhing with agony when they drew their last breath.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

SURGICAL CLINIC.

Service of Dr. Hewson.

April 6, 1861.

SYPHILITIC SCLEROTITIS, ETC.

The patient is a sailor, æt. thirty-seven years, who has been suffering eight days with his eyes. There is, first of all, a noticeable difference in the prominence of the eyes of this patient, the left bulging a good deal more than natural; there is also a tumidity of the conjunctiva around the cornea of this eye; then there is an irregularity in the form of the pupil of both eyes, and a greenish hue in both irides, while there is also a pinkish redness close to both corneæ, which does not, however, extend far back on the balls.

This patient has been suffering at different times with his eyes, the first time being subsequent to an attack of rheumatism following exposure to cold at sea.

The eyes are painful, but most so at night. The left eye, which is the most prominent, is more affected than the other. The patient complains of sharp pains in the ball, and he has had pains in the supra-orbital region; there is also a constant sense of fullness in the eyes.

When they were first affected they did not water much, but recently there has been a copious lachrymation.

The patient presents the evidence of the posterior cervical enlargement, (the engorgement of the lymphatics at the root of the hair on either side of the ligamentum nuchæ,) characteristic of a syphilitic taint of system. Ricord states that in ninety-nine cases out of a hundred, in persons under forty years of age, you will find this cervical enlargement in persons with constitutional syphilis. The disease is then evidently syphilitic. It began in the sclerotic and the irides have become involved secondarily.

The patient affirms that it is ten years since he has had venereal disease, and that he has never had an eruption on the skin. He has, however, had fever and a great deal of sub-acute rheumatism in the arms and legs, which tormented him chiefly at night. This disease, then, is a tertiary form of syphilis, affecting the fibrous tissues, the sclerotica, as well as the periosteal covering of the bones. The irides in this case have suffered more as a secondary trouble than primarily.

The iris, as you know, derives its nutrition through the sclerotica, and when the latter tissue is affected, the nutrition of the iris is in a measure cut off, and it suffers in consequence.

The cause of the greater prominence of the left eyeball is a matter of some interest and importance to determine. It may be inter-ocular, or extra-ocular, and if the latter, from some superficial or deep-seated cause. It is sufficiently slight to lead to the suspicion that it is inter-ocular, but is not necessarily so, extra-ocular pressure may cause only this amount of prominence. Examining the organ closely, there will, however, be found to be no distension of the eyeball itself; it is more prominent than the other, but not absolutely longer, though it may appear so at the first glance simply from that circumstance, for the ball is not greater than natural in diameter, namely about one inch. If now, then, you will bear in mind, that with this prominence there is subconjunctival œdema around the edge of the cornea, and no amount of impairment of vision, and then remember that the chief seat of the inflammatory action has been and is still in the sclerotic coat, and that there have been no signs of inflammation of the periosteum of the orbit—or of the deep adipose in which the ball is embedded—you are forced to the conclusion that the prominence of the left eye is due to effusion from the sclerotic into what is known to anatomists as the capsule of Tenon—the envelope of the sclerotic which extends from the optic nerve forward over the ball, with openings for the muscles—until it comes within a line or one-twelfth of an inch of the cornea, when it is reflected under the conjunctiva toward the edge of the orbit, and then constitutes the subconjunctival fascia. This anatomical point explains the peculiarity of the subconjunctival effusion—close to the cornea—and gives us the solution of the problem of the cause of the increased prominence, which we always find with such effusions in sclerotitis.

The treatment in this case has consisted in the administration internally of the one-fourth of a grain of the protiodide of mercury, with the same amount of opium, four times a day, until the gums became affected, which occurred on the third day, when the iodide of potassium was substituted. The pains ceased to torment the patient the night following the first use of the potassium, and the subconjunctival œdema, and the protrusion are already very much diminished.

Belladonna was applied to the brow so as to keep the pupil well dilated, and break up whatever adhesions had occurred, as also to prevent the disposition to form any new ones.

Absorption of the effusion, and the further resolution of the inflammation, may be now hastened by the application of a blister on the temple; one the size of half a dollar will, therefore, be placed on each temple and the use of the iodide of potassium continued.

HÆMATOCELE.

Eight days ago, the man in whom this occurs was working upon the roof of a house, and fell

through the rafters, and came right astride of a joist, striking his testicle, which immediately swelled.

The swelling occupies the left side of the scrotum, and its circumference is fifteen inches; it is hard and globular, inclining to be pear-shaped, and does not present any decided sense of fluctuation, though it is quite elastic and uniform; at the fundus there is one small tender spot.

Examination by transmitted light in a dark room has showed this effusion not to be translucent. The tumor is red, hot, and tender, but the patient has had no febrile reaction with it. It is, therefore, a hæmatocele or bloody effusion into the tunica vaginalis testis.

The parts are probably filled with a grumous mass of blood, which has been thrown out by a rupture of some large vessel produced by the blow.

It will be subjected to the influence of the acetate of lead and laudanum for two or three days, and if everything progresses favorably, strapping will then be resorted to, with inunction, so as to hasten the absorption of the fluid as much as possible.

It may become necessary to resort to the operation of tapping, to draw off a portion of the accumulated effusion, but if a cure can be effected otherwise, such procedure will be avoided.

JEFFERSON MEDICAL COLLEGE.

SURGICAL CLINIC.

Service of Dr. Pancoast.

February 6, 1861.

PIROGOFF'S OPERATION.

Prof. Pancoast exhibited one of four cases, in which he had performed the new operation on the foot, called Pirogoff's, where the amputation is at the ankle, the os calcis being sawn through so as to make the divided os calcis, when turned over, unite itself to the end of the tibia.

Three years before, the patient had undergone this amputation for scrofulous disease of the ankle, but the operation did not answer, the stump was sore and painful, and, consequently, a subsequent operation was performed last winter, removing the leg, which has resulted with much success and satisfaction.

In Pirogoff's operation the whole length of the limb is preserved; you saw obliquely one half of the os calcis away, and, also, saw off the end of the tibia, and you then rock the spongy substance of the os calcis over against the spongy substance of the tibia, and the two surfaces unite very readily.

In consequence of the patient's health being broken down, the scrofulous disease of the joint was so great that there was an unhealthiness about the tissue, which induced Dr. Pancoast to amputate the leg.

In the amputation of the leg, where it is desirable to attach a false limb to the stump, the excellence of the stump consists in having plenty of tissue in front, so as to move freely over the bone and not become adherent. That man is to be pitied who has a cicatrix fixed on the end of the bone, and from this cause Lord Nelson was always a sufferer from neuralgia of the stump, after the removal of his limb.

We cut one long flap, three inches long through the one-half of the structures of the limb, and cut a short flap on the other side one-third the length of the first, and then saw the bone close, and bring the long flap so as to lay it loosely over the end of the bone and attach it to the short flap, and then lay the stump on a pillow, covering it with oil-silk; the arteries are best secured by acupressure needles, and no dressing is required but one or two strips of adhesive plaster.

Dr. Pancoast's plan has been, for the last fifteen years, in amputations of the leg and arm, to cut a long flap on one side with a rounded edge, and a short flap on the other side with a rounded edge containing the arteries.

Teale cuts a square flap, and one on each side, which is the only difference between the two methods, and both are only modifications of an old plan.

REMOVAL OF AN ANOMALOUS TUMOR FROM THE SIDE.

The patient was a healthy looking sailor, with a huge flabby tumor of many years' standing, weighing several pounds, and extending from the linea alba on one side almost to the spine on the other, and very much of the healthy color of the skin. The incision made for its removal was fully fifteen inches or more in length. The tumor, when removed, was found to consist of a general hypertrophy of the panniculus adiposus, including the skin and the tissue beneath it.

Part of the flap sloughed. Union otherwise took place by first intention, for at least two-thirds of the extent of the incision.

The tissue being very much altered, it was impossible to foretell how the parts would dispose themselves in the necessary inflammation requisite for reunion, and as soon as the part was found disposed to slough the patient was turned on his side, and the whole surface was covered with wheat bran. The edges were not approximated, but the slough was allowed to come away, the cavity, as formed, being filled with wheat bran, so as effectually to prevent access of air to the part. As pus flowed it coagulated masses of the bran, which was re-

moved by the fingers and replaced by a fresh supply, so as completely to keep the air from the surface of the wound. This plan acted in the most satisfactory manner.

In all places where there is a sloughing surface bleeding constantly, with a gaping wound which cannot be closed, it is well to place the part in a box and cover it with bran. The patient subsequently made a complete recovery. This case was the more interesting, as it resembled in its nature Elephantiasis or Barbadoes leg, the parts healing slowly, precisely as in cases where Dr. Pancoast had operated for this affection.

Service of Dr. Gross.

April 10, 1861.

ANEURISM OF THE AORTA.

Thomas Bennet, aged fifty-seven years, a carpenter by trade, has a tumor on his chest, which began to make its appearance about three years ago. He has always been a hard-working man, of moderately temperate habits, and he does not attribute the occurrence of the tumor to the result of any accident, though he has been very much exposed to heavy lifting, etc.

The tumor came on slowly, but for the last eighteen months has prevented him from following his trade.

This is seen to be a pulsating tumor, beating synchronously with the contraction of the left ventricle of the heart, and imparting an impulse to the hand placed over it, which is synchronous with the pulsation at the wrist.

The patient has a good appetite, and his bowels are regular, though his tongue is slightly coated. He has great difficulty of breathing, and cannot walk for any distance, even on a level surface; and when he lies down he is compelled to keep his head and shoulders elevated to prevent the feeling of suffocation, which would otherwise result; nor can he lie on his back, being compelled to turn on the right side, on which the tumor is situated.

The pulse is strong, and beats over one hundred in the minute.

The patient is never without the sensation of pain in the chest; this pain is of a dull and heavy kind, generally felt under the shoulder-blade.

Auscultation over the tumor reveals a distinct sawing or bellows sound.

A portion of the tumor lies beneath the common integument and the pectoral muscle, which is somewhat absorbed at this point, together with the sternum and some of the costal cartilages.

The tumor is tense and firm, but at the same time distinctly elastic.

A majority of these cases of *aneurism* occur in persons of foreign birth, our native inhabitants being comparatively exempt from the disease.

This is a case of spontaneous aneurism, not the result of any traumatic cause. There is always in a spontaneous aneurism a degeneration of the coats of the arteries, which may be either an atheromatous or a fatty degeneration, or a fibrous or a calcareous degeneration. The coats of the arteries, as we advance in life, are susceptible of various degenerations, to a remarkable degree, in some persons, fatty degeneration being more common than the fibrous or the calcareous.

The effect of any of these degenerations is to render the coats of the vessel brittle, and less capable of resisting the impulse of the blood, which ruptures the inner and middle coat of the artery at some point, and the consequence is that an aneurism is the result. Sometimes the vessel is simply dilated and expanded in every direction, or at one or more points of its circumference, but at other times there is a direct laceration of the internal and middle tunics, and, sometimes, even the external one.

In this case the age of the patient would lead to the suspicion that the degeneration has been calcareous.

The treatment must necessarily be entirely therapeutic, all operative interference being out of the question.

Five instances are recorded in which the aorta has been tied, in the abdominal region, but every case has proved fatal.

In a case before the class last winter, occurring in a sailor, I tried for nearly two months a course of treatment which was considered to be best adapted to the character of the disease, namely, the use of the acetate of lead, opium, and veratrum viride. The doses consisted of half a grain of acetate of lead and a grain of opium, in pill, twice a day, and four drops of the tincture of veratrum viride four times in the twenty-four hours.

The man's pulse was reduced down to fifty-eight habitually, so that it became necessary to discontinue the use of the veratrum viride. The object of this treatment was to reduce, in the first place, the action of the heart, diminishing the number and the force of the pulsations, and in the next place, by means of the acetate of lead, to introduce into the blood a substance calculated to promote its coagulation; but, despite the treatment, the disease continued and ultimately terminated unfavorably.

A similar plan of treatment will be instituted in the present case. The diet will be plain and simple, unirritating and unstimulating.

Little hope of success presents itself in this case; but if a case of the kind is properly diagnosticated in the earlier stages, and then subjected to the treatment recommended, or to a plan analogous to it, there is no doubt that a great deal of good may be done.

FISTULA OF THE MAMMARY GLAND.

This is a case of long standing, which has

been coming to the college off and on for about six months.

There has been an abscess in the mammary gland which has terminated in a fistulous opening, which is continually discharging a quantity of matter.

This is what is called a sinus of long standing, and in all cases of this kind we may look for a lining of false membrane, the lymph which is poured out along the tract becoming organized, just as the lymph does when it forms a pyrogenic membrane from chronic abscess, and this is one reason why the sinus does not heal, for it is a secreting surface.

The gland is very painful. It has been strapped with adhesive strips, and various kinds of inunctions have been employed, all with comparatively little improvement, the gland still remaining indurated, though in a more healthy condition than when first brought under our notice. There is quite an accumulation of pus here. The sinus might be laid open freely, so as to compel the parts to heal, commencing at the bottom, as is done in cases of anal fistula; or a seton may be introduced, making thereby a counter-opening on the opposite side, and in that way an alteration may be produced in the action of the parts; or the sinus may be laid open, and a tent be introduced into the bottom of it, keeping the opening patulous to prevent it from uniting, until the parts had cicatrized in the depths of the cavity.

Any further attempt with the inunctions, or the injection of stimulating fluids, is hardly worth while.

An incision was made into the parts a little distance, and the parts stuffed with patent lint, which had been dipped in oil.

The whole breast was found to be one large cavity, and the lint separating the surfaces which were lying in contact places them in a condition much more favorable for union.

The tent will excite inflammation and change the action of the parts, every twenty-four hours the tent may be removed, and the parts be washed with tepid water containing a little salt, and then a smaller tent be introduced, and so on until the granulations excited in the interior of the cavity fill it up and cure the disease.

WILLS HOSPITAL.

Service of Dr. Morton.

(Reported by H. Earnest Goodman, M.D.)

A Summary of the Cases treated during Dr. Morton's Quarterly Term, ending April 1, 1861.

Number of cases of diseases of the lids and lachrymal apparatus,	100
Tarsal ophthalmia,	44
Granular lids,	10
Tarsal ophthalmia and opacity of cornea,	1
Tarsal ophthalmia and obstruction of duct,	2
Tarsal ophthalmia and eczema of scalp,	1
Ptosis,	1
Hordeolum,	2
Ectropion,	2
Trichiasis,	1
Trichiasis and gran. lids,	2
Tumor of eyelid,	7
Wound of eyelid,	2
Symblepharon,	3
Symblepharon and distichiasis,	1
Distichiasis,	1
Lachrymal fistula,	9
Obstruction of lachrymal duct,	11
Number of cases of diseases of conjunctiva,	147
Conjunctivitis, (acute)	12
" (chronic.)	6
" chronic and tarsal ophthal.	3
Ophthalmia acute,	2
" catarrhal,	6
" pustular,	23
" purulent,	7
" purulent and staphyloma,	1
" purulent and ectropion,	1
" strumous,	28
" strumous and corneitis,	1
" strumous and distichiasis,	1
" neonatorum,	4
" syphilitica,	2
Granular conjunctivitis and vascular cornea,	39
Granular conjunctivitis and ulcer of cornea,	2
Granular conjunct. and pterygium,	1
Granular conjunctiva,	2
Double pterygium,	4
Hypertrophy of conjunctiva,	2
Number of cases of diseases of cornea,	86
Corneitis,	3
" and photophobia,	1
" and pustular ophthalmia,	1
" (strumous,)	11
Ulcer of cornea, (perforating,)	12
" and hypopion,	3
" and conjunctivitis,	6
" and pustular ophthal.,	4
" and protrusion of iris,	5
Pustular corneitis and adhesion of pupil,	1
Foreign body in cornea,	7
Opacity of cornea,	19
Opacity of cornea and tarsal ophthal.	2
Vascular cornea,	1
Wound of cornea,	3
Wound of cornea and adherence of iris,	1
Conical cornea,	3
Deposit of lead on cornea,	3
Number of cases of diseases of the lens, iris, retina, coats, eyeball, etc.,	185

Cataract, (single,)	6
" (double,)	27
" (double and amaurosis,)	1
" (false,)	5
" (false, with adhesion of pupil,)	3
" (traumatic,)	5
" (congenital,)	4
Dislocation of lens posteriorly, from injury,	1
Iritis, (acute,)	16
" (chronic,)	2
" (syphilitic,)	5
" and adhesion of pupil,	1
" traumatic,	3
" and pustular ophthalmia,	1
" and interstitial corneitis,	3
Synechia anterior,	2
Glaucoma,	3
" (incipient,)	2
Amaurosis,	14
Amblyopia,	10
Congestion of retina,	4
Strabismus,	13
Strabismus, (divergens,)	1
Inflammation of eyeball,	12
Burn of eyeball,	2
Gun-shot wound of eyeball,	2
Hypopion,	2
Occluded pupil,	7
Muscæ volitantes,	1
Orbital neuralgia,	1
Tumor of orbit,	1
Disorganization of eyeball,	1
Protrusion of "	1
Dropsy of "	1
Nævus,	2
Degeneration of vitreous humor,	1
Otalgia,	1
Eczema of scalp and face,	3
Otorrhœa,	3
Hip-joint disease,	3
Necrosis of tibia,	2
" femur,	1
Other diseases,	6

NATIVITY.

Born in United States,	264
" Ireland,	187
" Germany,	32
" England,	28
" France,	3
" Scotland,	2
" Canada,	1
" Wales,	1
Total,	518

Three hundred and sixty-four of the whole number (518) applied for relief for the first time, giving an increase of fifty-eight new patients over the preceding quarter.

Surgical Operations Performed by Dr. Morton during the Quarter ending April 1, 1861.

For cataract,	21
Anterior operation for absorption,	2
Posterior " "	13
" " of false cataract,	1
" " of artificial pupil,	1
Extraction of false cataract,	2
" hard "	1
" capsule of cataract,	1
For iridectomy,	1
" strabismus, (divergens,)	1
" " (convergens,)	10
" artificial pupil,	7
" synechia anterior by division through the cornea,	1
" pterygium,	3
" fistula lachrymalis,	3
" " " and insertion of a gold tube,	2
" entropion,	2
" symblepharon,	3
Tumor of conjunctiva removed,	1
" eyelid "	6
Foreign bodies removed from cornea,	13
For obstruction of lachrymal duct,	17
Gold tube introduced into lachrymal duct for obstruction,	9
Bowman's operation of slitting up canalicula,	8
Scarification of ocular conjunctiva,	7
Trichiasis,	5
Eyeball opened,	3
Setons introduced,	2
Cutting superior rectus muscle,	2
Abscess of eylid opened,	2
Total,	129

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Reported by Wm. B. Atkinson, M. D., Recording Secretary.

Wednesday Evening, March 13.

Dr. Remington was called to the chair.

CASEIN EJECTED FROM THE STOMACH.

Dr. Wm. B. Atkinson presented for the inspection of the members a singularly shaped mass, which had been ejected from the stomach of a woman, aged thirty-five, whose general health had been good, but for a few days previous had suffered with an unpleasant feeling, as if from indigestion. On Sunday morning, March 10, she felt a sudden fullness about the throat, and this mass had been thrown up. It was some six or seven inches long, by half to

one inch in width. It was rounded, as if by passing through a narrow cavity.

After some remarks, on motion of Dr. Mayburry, it was referred to a committee, consisting of Drs. Corse and Frické, for examination.

The committee, having examined the specimen, prepared a report which we herewith submit:

At the conversational meeting of the Philadelphia County Medical Society, held March 13, 1861, W. B. Atkinson, M.D., presented a pathological specimen, which was handed to us for examination.

The specimen consists of a firmly coherent mass, seven inches long, one inch wide, half inch thick, of a whitish color, and was thrown up by a woman, in ordinary health, soon after breakfast.

The specimen was submitted by us to a careful microscopical and chemical examination, and proved to be a mass of casein.

If we are allowed to speculate on the singular shape of the mass, we might suppose that, after the casein had been formed for sometime in the stomach, the nearly solid mass retained somewhat the form of the passage through which it was thrown up, and has kept the same undisturbed by being suspended in alcohol.

Albert Fricke.
Jas. M. Corse.

Philadelphia, March 26, 1861.

THE MICROSCOPE IN ITS APPLICATION TO PATHOLOGY AND DIAGNOSIS.

Dr. Corse opened the subject by a brief account of the origin of medicine *as a science*, and showed that diseases have not always been regarded from a physiological point of view; that, at various times in the course of its history, diseases have been looked upon as mysterious afflictions not within the reach of man's investigation by rational means. From these views, remedial measures have been applied, not at all based upon rational principles.

As anatomy became developed, it was soon followed by physiology: by the cultivation of which diseases were seen to be in many instances a disturbance of physiological actions, which resulted in a hurtful alteration of the quality or quantity of the fluids, or evolution of abnormal form; upon the former was built the so-called humoral pathology; upon the latter, pathological anatomy.

At certain periods writers have arisen, who were disposed to locate *all* diseases in the fluids; others to place them all in the solids; yet others to assert that the nervous system was their seat. In our day, it is generally admitted that any one of these may be the part diseased, or even all may be affected simultaneously.

Those who placed diseases in the fluids and the nervous system have had no definite mode of description, and much was left to conjecture, which chemistry and inductive reasoning have since worked out.

Those who supposed all diseases were in the solids, have described their appearances by the various expressions which denote the properties of matter in general, from the heat, redness, swelling, and pain of Celsus, to the common properties of toughness or friability, hardness or softness, the various colors, etc., together with the comparatives, such as atheromatous, steatomatous, melicerous, calcareous, osseous, etc., etc. These expressions have, however, lost much of their value since the application of the microscope to the study of anatomy has shown that the elements of all tissues are the organic, liquid, granule, filament, and membrane, and out of these are constructed not only all normal anatomical forms, but also abnormal or pathological forms, both of which take their start in the organic cell.

Properly to appreciate the position and utility of the microscope in medicine, it is necessary to cast a glance at these facts; we shall then see that the sphere of its action is in the investigation of diseases which manifest themselves in the solids; of these, there are two great classes: one which admits of recognition during life; the other only of post-mortem investigation.

Besides these, the excreta from all parts of the body, often by means of the microscope, afford an opportunity of determining the state of the patient. By this means, we may also examine the discharges from abscesses, and all other morbid conditions of the fluids and solids, which can be made to assume any form at all.

The microscope makes no pretension to discover the cause of presence of diseases which are only in the fluids, except such as may be made to assume the crystaline or other solid form.

In many of these, much aid is derived from the Polariscope, yet the *complete* examination of these, in order to give a sound medical opinion, would involve a chemical question, and introduces us into a vast field of research quite out of place at this time. Taking the facts obtained by the microscope, let us add those which chemistry affords, and the rational signs. These must also be grouped together, and by a process of rational induction the ultimate truth worked out. The science of pathology is as yet but embryonic, and has to be developed; and, like all other sciences, must be evolved in conformity to rules or laws. Any departure from these laws, even to a small degree, produces confusion and obscurity. Just as in the development of organic beings any departure from the laws of development after the type, results in the production of monsters, any considerable departure from the law of evolution produces death in organic bodies, and any common departure from the law of evolution of a science throws that which started and bid

fair to become a science into an incongruous mass of words and hypotheses.

Some few investigators are willing to train themselves into obedience to these laws, and thus evolve facts and make the slow contributions to science, which constitute its normal growth, while the greater number, impatient of restriction within legitimate bounds, are carried away by their imagination and evaporate into words or mere hypotheses; always noisy and talkative, or dwelling in the region of abstraction, without being able to condense themselves down into the sphere of the practical.

Let us start with the first fact, that diseases often show themselves in alteration of the solids of the body. Some of these alterations are not visible to the naked eye, but are rendered visible by aid of the microscope. In starting to work with the microscope, one may advantageously reflect upon the physical conditions necessary to derive pleasure and advantage.

The eye of the observer must be sound and of good construction; that is to say, a good optical instrument. It is often understood that much difference exists in the eyes of persons usually considered perfect. Quite a number have not a fine appreciation of difference in colors. Some even are wholly unable to distinguish certain colors; others cannot distinguish measurement of size or distance; and it should always be borne in mind that much of our appreciation of objects in general is due to the working of the two eyes at the same time, and, on objects placed in such relation with each other, as to be seen in comparison. By the microscope, one object only is seen, and with one eye only; hence education is necessary before accuracy and judgment can be attained.

Light is next to be considered, and no one need attempt to use the microscope without a fair knowledge of the laws of optics. It is by no means necessary to give any great attention to either of the hypotheses of light as to its essential nature, whether undulating or otherwise; but the well-ascertained and easily demonstrable working phenomena of light are essential, such as its refraction, reflection, condensation, dispersion, so-called absorption; its susceptibility of being by these means placed upon any point desired, and from any direction.

The best light that can be obtained for the microscopist, is that which comes from the sky on a clear day free from clouds, and from a northern aspect. From any other direction, it is more apt to have the rays of the sun in it to such an extent as to cause a glimmer and interfere with vision. In some very few cases the sun's ray has been said to be preferable; in such cases it is regulated by diaphragms, and admitted only through a very small aperture.

Illumination of the object is another point in which difficulty will be found; and in this much mechanical tact will be necessary, in order to derive all the advantage from the common modes practiced. An adroit microscopist must have sufficient mechanical ingenuity to invent modes of illumination adapted to particular cases.

Some objects are best seen by transmitted light, others by reflected, yet others by polarized light, and not a few require to be examined by all of these means, in order to determine accurately their character. Hence the light will often have to be changed from a direct to an oblique direction, and from one point of obliquity to another and another, many changes being sometimes necessary.

Light by passing through several lenses loses much of its intensity, and to compensate for this it must be condensed. Various contrivances have been used—the most common is the bull's eye condenser.

Objects for microscopic examination present all degrees of opacity, and it must be borne in mind that an object with but slight opacity will be quite invisible in a strong light. Very generally, the light should be varied from time to time on the same object.

The instrument, a microscope: this is, of course, an optical apparatus, which, in its simplest sense, means one which enables us to see small objects; the name is derived from two Greek words, *mieros*, small, and *scopeo*, to view. A single lens is the simplest; more lenses render it compound. But the term compound microscope now is more particularly applied to instruments with double lenses, which are thereby achromatic.

A power necessary for the pathologist need not exceed 500 diameters. If the lenses are first rate, this power will reveal as much, or perhaps even more, than an instrument of inferior quality with a power of 1,000 diameters or more.

The objects: these consist of the various forms of matter obtained in a dry state, found in fluids, floating or sedementary, and sometimes solids dissolved in fluids, from which they must be obtained in the solid state by artificial means.

To examine an object by transmitted light, a slip of glass is necessary, in order to place the object upon it and cause the light to pass through it to the object by means of a mirror placed below.

When the object is very minute and floating in a liquid, it should have a piece of thin glass laid over it, technically called a cover. This has two purposes—one to fix the object, the other to prevent the liquid from getting on the field lens of the objective.

Of *some* of the alterations thus recognizable, he proposed to make mention.

They may be conveniently divided, at present, into two great classes:—*First*, those recognizable during life and susceptible of diagnosis; *Second*, those which admit of post-mortem examination only. As examples of the latter may be mentioned organic lesions within

the cranium, heart diseases, and affections of other internal organs, such as the liver, kidney, supra-renal capsules, spleen, etc.

Of the diseases recognizable by the microscope, during life, may be mentioned some few of those of the blood, such as leucocythæmia or leucæmia. In this disease, of recent discovery, there is a remarkable increase of white corpuscles. Inflammation manifests itself by a change in the condition of the corpuscles, which disposes them to arrange themselves in numular form.

1. *Tubercle.*—It is not pretended that in any given sample of sputum, a microscopist can take it, and say what the condition of the patient is, or what should be the treatment; to look for this, would be expecting too much. But give a case with the rational signs of phthisis, and exclude, by careful examination, the absolute presence of some other disease to account for the symptoms; the sputum may then, by means of the microscope, afford us reason to conclude upon the nature of the malady. It can, likewise, detect tubercle in any locality accessible to examination.

2. *Carcinoma.* — Although there is no one cell, which, taken alone, a microscopist would be willing to say positively is cancer; yet, taking a number of slides from the same place, and unite their appearances with the surrounding circumstances, a diagnosis may, very generally, be made out.

These are the most frequent and most formidable diseases, and hence have been subjects of the greatest research.

3. *Urine.*—The microscope is capable of almost certainty in diagnosis of Bright's disease of the kidney, by the casts of the uriniferous tubes. Affections of the bladder, inflammation, or a simple irritation without inflammation, this, every observer is quite well aware, can be determined by the presence or absence of the pus corpuscle.

In many of the cases in which a large deposit of light-colored matter, resembling pus, takes place, it turns out to be only epithelium of the bladder.

In looking for the various characteristic pathological products in urine, foreign bodies will often be met with, having got into it accidentally or otherwise. These are:

Human hair,	Cotton, woolen, [or silk fibres, of every color,
Cats' hair,	
Hair of dogs,	
Feathers,	Fragments of wood,
Sand.	Oil from catheter, etc.

A previous knowledge of the appearance of these bodies would be of the greatest importance.

4. *Feces* may afford indications of disease only recognizable by the microscope, but then, these are not fully made out. Discharges of pus, blood, false membranes, or cancer, or tubercle cells may, of course, be recognized in other cases.

Confervoid growths are sometimes seen. Typhus and other low forms of fever give rise to crystalized phosphates and carbonates. Parasitic bodies may be detected and their species determined by the microscope.

Some skin diseases may be determined with much accuracy; among these are the acarus scabei in psora. Favus or tinea tonsurans, is known to be due to a vegetable fungus.

Vomit may be microscopically examined, and pus, blood, or cancer cells be detected by their characteristic form.

Sarcina Ventriculi was wholly unknown until its existence was revealed by the microscope.

Dr. Corse brought before the society several microscopes, and exhibited specimens to demonstrate the several points in his discussion. One of the instruments was of Smith & Bren's manufacture; a foreign one of the celebrated instruments of Oberhäuser, of Paris. Specimens were shown of

Acarus Scabiei.
Uric Acid, by Polariscope.
Vasa Vorticosa of the choroid.
Villi of small intestine, (human.)
Epithelium of vagina, (human.)
Blood Corpuscles.
" Human.
" Reptile.
" Bird.

Inflammation had been excited in the web of a frog's foot, and was beautifully shown by Smith & Bren's instrument.

Many other specimens were placed beneath the instruments and were examined with much interest by the members.

(*To be Continued.*)

PROCEEDINGS OF THE BROOKLYN MEDICO-CHIRURGICAL SOCIETY.

Daniel Ayres, M.D., President.

On motion of Dr. Louis Bauer, the Philadelphia Medical and Surgical Reporter was chosen as the organ for publishing the proceedings of this Society.

Dr. Pamledo's Case.

Hypertrophy of the Heart—Insufficiency and Stenosis of both the Mitral and Aortic Valves—Dilatation of Left Ventricle—General Dropsy—Dilatation of Gall-Bladder, containing Four Calculi, a fifth impacted in the neck of the Bladder—Thick Covering of both surfaces of Liver, Stomach and Spleen with firmly organized plastic material.

These pathological specimens were from a female, æt. fifty-four years, who had been ill for several years, the last four under charge of Dr. Palmedo. Paracentesis had been performed thirty times.

On post-mortem, the body was found exceedingly pallid—anasarcous, whilst the abdominal

cavity was largely distended with fluid. Through the abdominal parietes an oval tumor, of the size of an orange, could be felt in the right hypocondriac region. It seemed almost to float, could readily be depressed, and would immediately rise again. Was thought to be a distended gall bladder.

Upon opening the body there was found a great quantity of serum, and a distended gall-bladder, as supposed. It contained a thin, pale greenish fluid, showing, under the microscope, cholesterin crystals and epithelial cells; there was a sparcity of biliary elements, some albumen, very little biliverdin. Liver diminished in size. Firmly organized plastic material formed almost a new covering of the organ, extending over the stomach by thick bands to and over the spleen, forming for it a new capsule, $\frac{1}{8}$ of an inch in thickness, firmly organized, and of long standing, and not extending down the abdominal cavity, thus demonstrating that the seat of peritonitis had been in the superior region of the abdominal cavity.

Disease of heart coexisted; weight of the organ 1 lb. ℥ ij; length, 20 centimetres; width, 18 centimetres, size not wholly attributable to hypertrophy; there was, likewise, considerable dilatation of the left ventricle; eccentric hypertrophy; walls 1 inch thick, and papillary muscles much enlarged. Mitral and aortic valves thickened and unyielding, almost cartilaginous; no atheroma, but the disease was diffuse, and the inference therefore justifiable that endocarditis had existed to cause the trouble; some dilatation of right auricle; valves good; kidneys sound, their functions perfect.

Dr. Palmedo's clinical statement was substantially as above given.

DR. LOUIS BAUER'S CASE.

Carcinoma of Cardia — Cancerous Ulceration of lower half of Esophagus—Two Cancerous Cervical Tumors—Gangrene of Left Lung and Purulent infiltration.

The patient was an old man, æt. sixty-eight, by occupation a chemist, a German by birth. He had been under treatment of Dr. Bauer for about eight months. The disease may have existed, in all, a year. It commenced in difficulty of swallowing substantial food, and burning pain.

An elastic tube of moderate size could barely pass a stricture of the esophagus near the stomach. The malignant character of the disease was evident from the cachectic appearance of the patient.

The symptoms became gradually more aggravated; the smallest alimentary substances could not pass, and were rejected. The patient was restricted to liquid food alone. He was constantly asthmatic. A few days before his death, he was seized with cough and orthopnœa, could breathe only in sitting position, and expectorated masses of black colored matter, of most fetid odor.

On post-mortem examination, a cancerous ulceration of the esophagus was found to exist, to the extent of sixteen centimetres, terminating at the cardia; the latter was surrounded by extensive cancerous infiltration of the encephaloid kind. The food, having to pass over this ulcerated surface, must have caused a great deal of pain. The pylorus was perfectly free from disease, and the coats of the stomach thickened, whilst its size was reduced by a third.

On the right side of the trachea, about an inch below the larynx, there was a tumor of the size of an orange, over which the vessels and the pneumogastric nerve were placed, accounting, perhaps, for the asthmatic symptoms. The left lung was adherent to the anterior wall of the esophagus, and in its superior lobe there was a large cavity, with black, ragged walls, and a most fetid discharge. The wall was surrounded by purulent infiltration of the lung, extending also into the lower lobe.

The communication of Dr. Bauer was accompanied by the respective specimens of the case. The stomach was, beside, represented by a wax cast, which illustrated the actual condition of the tissues invested by the cancerous material, much more efficiently than the wet preparation.

DR. E. A. WHALEY'S CASE.

Circumscribed Disintegration of the External Condyle of the Femur—Pulpy Degeneration of the Synovial Membrane of the Knee-Joint—Attempted Exsection of the Same—Subsequent Amputation.

Since the previous history of the case has already appeared in Vol. 2, No. 13, of *American Medical Times*, the communication of the Doctor touched but briefly upon the early condition of the case.

It appears that W G. Prout, the patient, is a lad of twelve years, of rather delicate constitution, without any distinct signs of dyscrasia.

Five years ago he met with an accident upon his left knee-joint, which became sore, hot, swelled, and slightly bent. A somewhat lengthy treatment at one of the medical colleges of New York, eventuated in a partial relief, so that he could, in a moderate way, move about. Eighteen months ago he met with another accident upon the affected articulation, which gave rise to new trouble. Six months ago he was met in the street on two crutches, with the constitutional effects of severe suffering, and was directed to apply to the Brooklyn Medical and Surgical Institute, which he entered on the 27th September last, when the condition of the joint presented the following appearance: general, but moderate tumefaction of semi-solid consistence; loss of contour; restrained mobility from evident fibrous adhesions; firm adhe-

sion of the patella to the external condyle of the femur; angular position of the joint, and contraction of the biceps.

There was no fluctuation within or about the joint; no fistulous openings; no softening, distension, or enlargement of any of the osseous constituents of the joint; nor was there a characteristic pain indicating bone disease.

For this reason, Dr. Bauer, the attending surgeon of the case, pronounced it chronic traumatic synovitis, and imperfect fibrous anchylosis. Dr. Halsey was requested to divide the contracted muscle, break up the adhesions, and to fix the leg in a strong iron splint, which was effectually done, with the assistance of chloroform. No reaction whatsoever occurring, and the patient, with a mechanical appliance intended to keep his extremity straight, left the clinical department, after the lapse of ten days, with the advice to go for a few months into the country. Supposing him to have followed this advice, nothing was heard or seen of the patient for several months, when Dr. Halsey incidentally heard from his mother that the patient had been for a time in good condition, but having been attacked with a cold, his knee-joint had recommenced to trouble him. Being directed to send him again to the Institute, he was once more admitted as a patient on the 4th of April. Dr. Whaley being on duty, took charge of the case and recorded its condition as follows: the extremity almost straight; the external appearance of the joint corresponds in most points with that on the previous admission; in front and below the joint, on the protuberance of the tibia, are three small fistulous openings, discharging copiously sero-purulent matter; a probe enters the joint from this place externally and posteriorly; patella, and whole articulation slightly movable.

There are, besides, constitutional symptoms of hectic fever. It was again noticed that the bones, constituting the joint, were in no way changed in size or consistency; nor was there any particular place more painful than another. The patient stated that about four weeks from the second admission, the joint had become more distended, hot and tender, and eventually opened below the joint, from which large quantities of matter had been discharged. In the ensuing consultation of the medical officers the opinion prevailed that the case represented still synovitis in a state of ulceration; that the cartilages, most probably, had undergone disintegration, and that the joint was perforated.

As to the condition of the bones it was presumed that they were free from disease, since there was not one single symptom that could be taken in proof of their being implicated. There being no crepitus on motion, it could not be even inferred that they were denuded, whereas the mobility was ascribed to partial or total destruction of the crucial ligaments.

In consideration of this condition of the joint, and in further consideration that the patient exhibited symptoms of advanced hectic fever, it was determined upon that the diseased structures should be removed, if practicable, by exsection; but if, unexpectedly, the disease should have extended into the bones too deeply, the amputation should be preferred, and forthwith executed. In conforming with this plan Dr. Whaley made a simultaneous incision in front of the joint, dissected off the flap, and exposed the articulation, when the synovial lining was found to be greatly infiltrated and thickened gelatinous material; the crucial ligaments partially destroyed and ulcerated; a latero-posterior opening existed, corresponding with the fistulous openings in front of and below the joint; another opened in front of the external condyle of the femur, leading to a track upward toward the thigh. At the most prominent part of the external condyle, there was rarefication of the cartilage, exposing the cancellated structure to the extent of a three cent piece, but no where else. At this place the bony structure was explored with a fine trochar, when a high degree of softening of that structure was revealed, whereas the remaining bony structure had retained its normal consistency.

Although this aspect looked rather suspicious, yet it was deemed unobjectionable, as a further means of exploration, to remove that portion of the epiphysis by the saw, which would be necessary for the purpose of exsection. This having been done, a circumscribed circular space of the size of a three cent piece was exposed, being discolored, gray, soft, and bloodless, evidently therefore in a state of advanced disintegration.

When this spot was probed, the medullary cavity could easily be reached, consequently the amputation was preferred. After the bone had been sawn through, it was noticed that the cortical substance of the shaft was rather rarefied and dry, and the periosteum peeled off so readily that another inch of bone had to be removed, on account of the retraction of the muscles, to which also the periosteum had yielded and exposed the shaft.

The specimens were presented to the society, and attracted much interest, particularly in point of obscurity of the diagnosis of bone diseases.

The discussion that took place on this point resulted in the conclusion that simple disintegration of bony structure, of no great extent, might take place, as in the present case, without any other but indirect symptoms; and it was unequivocally demonstrated that the plan adopted by Dr. Whaley had been very judicious, prudent, and conservative.

The microscopical examination instituted, revealed the infiltrated material to consist almost exclusively of fat, no organization having been discovered.

The synovial membrane showed an extremely delicate net-work of fibres, with fine varicose distension, containing one or two nuclei. These

were, perhaps, the so-called cells of the connective tissue, recently pronounced to be the original source of pyogenesis.

The softened bony material seemed to be homogeneous and consisted chiefly of fat. When pressed upon, the marrow liquid would ooze through the softened spot. There was no trace of tubercle.

The divided biceps of the 20th of September was also exhibited, and the following changes noticed: generally speaking, the tendon is of ordinary appearance; about an inch and a half from the point of insertion the tendon is thicker, less transparent, of ordinary firmness, and evidently of tendinous structure, with the theca adherent.

An ovarian cyst was presented by Dr. Bauer, which he had removed from the pelvic cavity of a negro woman, conjointly with uterus and appendages. The cyst is of ovary size, and has imbedded itself so much into the wall of the uterus as to form an excavation. The membrane of the cyst is rather thickened, but transparent, and the amount of liquid contents about five ounces.

EDITORIAL DEPARTMENT.

PERISCOPE.

MECHANICAL TREATMENT OF CICATRICES.

The London correspondent of the New Orleans *Medical and Surgical Journal* says:—"At the Orthopædic Hospital, I had an opportunity, a few days ago, of observing, under the guidance of Mr. Holmes Coote, the happy effect of mechanical treatment in many cases of club-foot, lateral curvature of the spine, cicatrices following severe burns, etc. It has happened to me on many occasions to have watched the treatment of these cicatrices, and to have had to record in my note book the almost uniform failure of all operative procedures adopted for their cure. I have witnessed the excision of the entire surface *en masse*—its gradual removal; the substitution of healthy tissue from various parts of the body; the division of the cicatrix by many small incisions, varying each from half an inch to an inch in length, and placed in parallel lines of one or two inches apart throughout its whole extent, but in no case do I find anything like satisfactory results; the last-mentioned plan, indeed, adopted by Mr. Skey, and which gives the altered structure very much the appearance of a piece of network, when combined with gradual extension, has promised well, and the patient has returned home, after the healing of the wounds, much benefited by the operation; but the improvement has, I fear, in most cases, been temporary, so great is the contractile power in these deformities.

"Mr. Coote attracted my attention to several patients in different stages of treatment, in whom the cicatrix, the result of a severe burn upon the chest and neck, had involved in its contraction the chin and under lip, both of which were drawn down upon the sternum, and there immovably fixed—the entire eversion of the lip and consequent flow of saliva over the surrounding tissues rendering these poor patients most repulsive in appearance. All such cases, notwithstanding their severity, and the almost ligamentous character of their adhesions, were treated by extension only, applied by a simple mechanical contrivance, and persevered in for many months—the results being most happy. A well-fitting ring of metal, padded, is fixed round the patient's waist, forming the support behind, of a steel upright, which again is steadied in its position by straps around the shoulders, from the upper end of this project forward on each side of the neck, and beneath the chin, two well padded supports, fixed to the upright by movable screw and cogwheel joints, by which they may be raised or depressed by means of a key, at pleasure. By this simple contrivance, permanent, steady extension is affected, resulting in the most perfect cures."

COMPLETE TRANSFIXION OF THE ABDOMEN BY A BAYONET, FOLLOWED BY RECOVERY.

A correspondent of the *Lancet* reports the case of a private in the British army in China, whose horse becoming refractory, whilst plunging, fell, throwing the rider violently. His bayonet dropped from the scabbard, and the soldier, in his fall, struck on the point of the bayonet. It entered his back two inches to the left of the last dorsal vertebra, and reappeared in front, about two inches to the left and below the umbilicus. The weapon was soon withdrawn, and the soldier complained of but little pain, but expressed his belief in the hopelessness of his case. The wounds were lightly dressed and some stimulant and laudanum were administered. Some nausea and inability to micturate occurred. He was carried, during the march, in an ambulance, during extremely sultry weather, but improved rapidly, and, with the exception of a dragging pain in his abdomen, was soon completely restored.

It is evident that the bayonet passed through the abdomen without wounding the intestine or other important viscus, as would have been evinced by traces of blood in the urine or fœcal discharge. The man had eaten but little since the previous evening, so that the intestines were comparatively empty, and, as the point of a bayonet is not very sharp, it had probably pushed them before it and slipped between them without any wounds, excepting in the abdominal parietes.

THE INFLUENCE OF SATURNINE INTOXICATION ON THE PRODUCT OF CONCEPTION.

Dr. C. Paul read a paper on this subject before the Biological Society of Paris, at a late meeting. He says:—"Nine months since I published in the *Archives of Medicine* a memoir in which I demonstrated by the results of eighty-one experiments the fact, that saturnine poisoning, when existing only in a slight degree, establishes in those who are exposed to it a chronic state of constitution, in which the product of conception is not fully developed, but dies generally during uterine life, and when by chance it escapes death before birth it dies almost certainly within the first three years of life. I have since met with two women who were affected with saturnine intoxication, and who, in that state, became pregnant. The first, who was aged fifty years, had had, before being employed in type founding, a daughter, who is now thirty years of age. Since she became a polisher of the type she has been affected with primitive saturnine intoxication without either colic or paralysis. She has during that time become seven times pregnant; in the first six the children did not come to the full term, but she aborted about the fourth month.

"After some time she quitted the foundry for a year, and was otherwise employed, and at the end of the year was delivered of a boy, which came to its full term, but died at the age of eleven months.

"The second case was that of a woman of fifty-two, who had experienced strong evidences of saturnine poisoning. She had always lived in a saturnine atmostphere, having been employed since the age of seven years in "setting up" the type, that is, ranging them side by side in a wooden case. At the age of eighteen she became a polisher; at twenty-one she began to experience the consequences of the lead poisoning, and had many attacks of colic successively, and remained for sometime unwell. At thirty-three she was attacked with paralysis of the extensors of the forearm and of the left thumb and index finger, which have never entirely passed off since. She has also been subject to frequent pains in the joints.

"During this time the menstrual discharge was never very regular. In spite of this she became pregnant twelve times, and twelve times aborted at two to three months, the fact being attested by the midwife who recognized the embryo at each time. Six months since the menstruation ceased entirely, and since then she has had many symptoms of lead poisoning.

"I include these cases with those published in my memoir on the subject, and I find that in eighty-nine subjects, which I have examined from this special point of view, thirty-one individuals have been pregnant during the time that they were exposed to the influence of the lead.

"Out of 141 pregnancies we have 82 abortions, 4 premature deliveries, 5 still-births, 20 children dead within the first year, 8 within the second, 7 within the third, and 1 of since; 14 are still living, of which 10 have passed three years of age. Out of 141 pregnancies, then, ten children only remain, and when it is remarked that in cases in which the father appeared to be cause of the death, the conception had taken place at a time when he was not under the saturnine influence, we are forced to admit the great importance which I have attributed to saturnine intoxication as regards the death of the child."

CEREBRAL ORIGIN OF DIABETES.

The Paris correspondent of the London *Lancet* says:—"A case of diabetes occurred lately in the service of M. Trousseau, at the Hotel Dieu, which bears out M. Bernard's experimental deductions with regard to the cerebral origin of this malady. It will be remembered that by pricking certain spots in the walls and floor of the fourth ventricle, M. Bernard succeeded in producing diabetes in animals. In the case of M. Trousseau's patient, the gray, nervous substance in the neighborhood of the fourth ventricle was found in a state of fatty degeneration. A similar condition was ascertained to exist in another diabetic patient, who died last year, and details of whose autopsy were presented by Dr. Luys to the Society of Biology at the time."

A PATHOGNOMONIC SIGN OF SCARLATINA.

For some years past, M. Bouchut (*Journal Practical Medicine and Surgery*) has been in the habit of pointing out in his wards a curious sign which assists in the discrimination of scarlatina from measles, erythema, erysipelas, etc. It consists in a vascular phenomenon, proportionate in intensity to the extreme contractibility of the capillaries; we refer to the enduring *white stripe* produced at will by drawing the back of the nail over the part of the skin in which the eruption exists. Pressure with the nail, or any other hard substance upon the exanthematous surface, produces a white streak, which lasts one or two minutes, and sometimes more. Figures may thus be traced upon the skin, the lines of which are conspicuous from their whiteness. With a blunt probe or pen-holder, the diagnosis of the disease may be distinctly inscribed on the integument, and after a minute or two the word *scarlatina* disappears, when the uniform tinge of the eruption again invades the written surface.

This phenomenon is observable in scarlatina only. The scarlet hue of measles is not uniform, the eruption consisting of mottled patches, with very slight elevations separated by interstices of healthy skin. In measles the procedure we have described would produce an

alternately red and white streak, enduring a much shorter time than in scarlatina. In erysipelas, in the redness induced by a mustard poultice, in solar erythema, the white line we allude to is not visible; and without attributing to this sign an undue degree of importance, it may be said to supply one more element in the determination of the characters of the eruption of scarlatina.

TEST FOR CHOLESTERIN.

If cholesterin be moistened with hydrochloric or sulphuric acid, containing perchloride of iron, it becomes of a magnificent violet color. A mixture of two of three volumes of concentrated hydrochloric or sulphuric acid and one of a dilute solution of the perchloride will answer for the experiment, or even the ordinary commercial hydrochleric acid. A small piece of cholesterin should be rubbed by means of a glass rod with a drop of the reagent, and the mixture then gently warmed. It first becomes of a reddish, which, as the temperature rises, changes to a blue violet color. A strong heat destroys the color. When sulphuric acid is used the mixture must be warmed more cautiously. It first becomes carmine red, then violet, and at a high temperature is carbonized. Nitric and phosphoric with the perchloride of iron will not give the reaction.—*Annalen d. Chem. und Pharm. and Dublin Medical Press.*

SUB-NITRATE OF BISMUTH AS A DRESSING FOR BLISTERS, ETC.

Dr. John E. Wright, of Augusta, La., (New Orleans *Medical and Surgical Journal*,) highly recommends the topical application of the sub-nitrate of bismuth in blisters, especially on young and irritable subjects. His attention was called to it by a notice by Dr. Richardson, of New Orleans, of its good effects as an application to burns, scalds, etc. Of its application in blisters, Dr. Wright says:

"The prompt relief from suffering, and the charm-like change in the character of the denuded surface, from a fiery, inflamed, and angry aspect, to that immediate healthy action and rapid restoration of the cuticle, so encouraged me in the use of the remedy as not only to apply it subsequently in several similar cases, with a like happy result, but to recommend it unhesitatingly to my professional acquaintances, who are unanimous in their expressions of satisfaction and delight at its effects.

"Make a paste of linseed oil and sub-nitrate of bismuth, about the consistency of very thick cream, and apply it carefully with a fine, soft mop, or camel's hair brush, so as completely and perfectly to cover every part of the affected surface with a thick coating of the paste; over this apply a thin, soft cloth of old linen, slightly lubricated with linseed oil; then a layer of thin, soft bats of carded cotton; then a thin, broad bandage, smoothly and evenly applied to retain the whole *in situ*, and your trouble is over with *that* blister. No torture from mopping, washing and dressing is subsequently necessary. No noisome, greasy rags, or foul cabbage leaves, or poultices are required. All that is necessary is occasionally to raise the dressings, and carefully retouch any part of the blister with the bismuth paste, which may have become bare from moving about, etc. In a word, keep the part constantly and thoroughly covered with a thick coating of the paste, and light soft dressing over it.

"The recent introduction of bismuth as an injection for vaginal leucorrhœa, for gonorrhœa, etc., etc., and its known efficacy in many morbid conditions of the mucous membranes, would naturally point to its efficacy in an equal degree, when applied to denuded surfaces."

BLACK EYE.

A writer in the *Medical Times and Gazette* says:—"A correspondent asks the communication of an effective remedy for ecchymosis of the eye in a lady patient who had met with an accident. One which I have used for a great many years, never disappointing me, usually getting rid of the blackness in a few hours, is the root of the "Convallaria," "Solomon's Seal." It should be washed, the dark-colored cuticle carefully cut off, then scraped like horse-radish, applied direct to the eye in the way of a poultice, cold. A tingling sensation is the consequence, when this sensation ceases, another fresh application should be made, and repeated until the whole eccymosis is absorbed. I have often found it sufficient to apply the scraped root at bedtime to the closed eye, when the blackness has disappeared by the morning. The convallaria is readily found, and is equally effectual at this season of the year.

IODIDE OF IRON IN PHTHISIS.

Dr. Cotton, of the Hospital for Consumption at Brompton, England, after making an experimental use of this article in twenty-five cases, offers the following conclusions:

1. Syrup of the iodide of iron, in doses of a drachm twice or three times a day, occasionally produces headache, with some dyspeptic symptoms; but, for the most part, it is found to agree very well with consumptive patients.

2. Although very far from exhibiting what might be termed a *specific* effect, it nevertheless seems to act very beneficially in a fair number of consumptive cases, especially in those where the disease is only in an early stage.

3. Under its influence the patient's weight is generally increased.

REVIEWS AND BOOK NOTICES.

On Diphtheria. By Edw. Headlam Greenhow, M.D., F.R.C.P., &c., &c. New York: Baillière Brothers, 1861. Pp. 160.

This is a reprint from the English press of a treatise "founded partly upon the study of diphtheria in public and private practice, partly upon information obtained in the course of an inquiry into the causes, symptoms, and treatment of the disease made for the Privy Council, in the spring of 1859."

Chapter I. is devoted to the defining of diphtheria, which the author regards as a disease, accompanied generally by fever, speedily giving way to depression, with a stiffness of the neck at the commencement, usually swelling, and tenderness of the glands of that part; an inflammatory affection of the mucous membrane of the throat, which may subside, or be followed quickly by the appearance on its surface of white specks or patches, or a continuous covering of a membraniform aspect, soon assuming the appearance of wet parchment or chamois leather; this covering varying in color from white to ash color, buff, brownish, or even of a blackish tint. This membrane is an exudation coagulated on the surface from which it may generally with ease be separated, leaving the subjacent tissue unbroken, or slightly excoriated, ulcerated, or even in a sloughing condition. When the false membrane is removed, it is apt to be renewed; and when allowed to remain, increases in thickness. This is generally proportioned to the severity of the disease, but it may be inconsiderable, and the other symptoms of an alarming character. The throat is generally the primary point attacked, but the inflammation may extend to the nares, conjunctiva, œsophagus, &c., or attack any wounds occurring during its prevalence. It is generally accompanied or followed by various complications, as albuminuria, hemorrhage, &c.

Chapter II. treats of the disease as it occurred in the sixteenth, seventeenth, and eighteenth centuries; and Chapter III., the nineteenth century.

The author then takes up the disease as a sporadic, and epidemic; its non-identity with scarlatina; human and brutal diseases coincident with it; its relation to locality, age, sex, and social position; its communicability; symptoms, grades, and varieties; sequelæ; its morbid anatomy, and the suggestions for treatment. Space will not permit our entering at large upon a review of the subject as thus treated, and we shall therefore confine ourselves to the point as to the non-identity of this disease with scarlatina.

In the first place, he admits their occurrence coincidently in the same family. For some time, he held the opinion that they were varieties of the same disease, but at present regards them as distinct for these reasons:

Scarlatina rarely occurs twice in the same individual; diphtheria will not only attack a person who has formerly had scarlet fever, but frequently recurs, even at short intervals, and often more severely than at first.

Next, "the uniform absence of scarlatinal rash in pure diphtheria, extensive epidemics having occurred, in which not a single case of scarlet fever has been seen."

Albuminuria occurs at different stages of the two affections. In scarlatina, it rarely is seen until the primary or characteristic stage of the disease is past, generally about the eleventh or thirteenth day. In diphtheria, while this is of less frequent occurrence, it generally makes its appearance very early, sometimes within a few hours of the commencement of the illness.

"The two diseases differ very materially in their sequelæ." Anasarca is common in scarlet fever, but rare in diphtheria; arthritis, he has not seen after the latter disease; suppuration of the glands of the neck, very common after the former, is rare after the latter. Besides, diphtheria has its own peculiar sequelæ, such as partial paralysis of the muscles of deglutition and voice, impairment of vision, paralysis of the extremities, gastrodynia, &c. Lastly, the occurrence of the false membrane on other parts of the body, which has no parallel in scarlatina.

Judging by these views of Dr. Greenhow, it would certainly seem that diphtheria is far different in many points from the affection so called as it occurs in this locality. Here, in the majority of instances, (and we speak with a knowledge of the observations of other practitioners,) the resemblance to scarlatina is so close, that the two maladies seem but as varieties of one blood poison. Cases have repeatedly occurred, where there was every reason to believe that diphtheria had attacked one person after contact with another laboring under scarlatina, and vice versa. In the same family, one child would have scarlatina, while another with precisely similar symptoms, but without the rash, would be classed as a case of diphtheria. The absence of rash can in nowise be regarded as a proof of the non-identity of the two affections, when we consider that scarlatina often occurs as an epidemic with little or no throat symptoms, and again with every symptom but the rash.

Again, though it is generally regarded a peculiarity of scarlatina that a patient is attacked but once, and very rarely is a second attack encountered, yet it is equally well known that a considerable number of instances have occurred where there existed a peculiar susceptibility to the disease, and such persons have been attacked twice, or even three, four, or more times. Thus, a mother will have the peculiar sore throat every time one of her children suffers with the disease; or the physician finds himself troubled with the same affection

whenever engaged for a time in attending a case of scarlet fever.

Upon the point taken by the author as to the appearance of the diphtheritic membrane upon other parts in scarlet fever, we might mention the fact that it is by no means an unfrequent occurrence to see cases where the false membrane is deposited upon the external nares, and the external auditory meatus in malignant cases of scarlatina, and this to such an extent that these passages are for the time completely blocked up.

But, without further extension, we will sum up by saying that diphtheria and scarlatina are identical, though in some cases exhibiting as marked a difference as variola and varioloid, for the reasons that they are in this locality characterized by the same symptoms and sequelæ, and are amenable to the same treatment.

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THE HEAT-CURE.

The latest novelty in therapeutics is the heat-cure—the treatment of disease by immersion of the body in heated air. If but a portion of the evidence attested in its favor receives our credence, it will still be admitted to be one of the greatest modern additions to therapeutics.

We have called it a novelty, for although the hot-air bath is of antique origin, and has continued to this day in use among the orientals as a luxury, for hygienic purposes, or as a religious rite, and has, to some extent, been used in disease, yet its study and general acceptance as a curative means, in many morbid conditions, has been only within the last year or two. It is not proposed as a panacea or specific, but simply as a rational means of accomplishing certain indications of treatment; although there is danger of it becoming, like many other curative agents, prostituted to the purposes of the quack.

The immediate object of the hot-air bath is stimulation of the functions of the skin. Heat may be said to be the only direct and certain diaphoretic. We can with much certainty, under ordinary circumstances, stimulate the secretions of the kidneys, liver, salivary glands, and alimentary mucus surfaces, and the hot-air bath is the means of promptly and decidedly acting on the functions of the skin.

The toleration of highly heated *dry* air by the human body is remarkable. The degree of toleration is very different from that of *moist* air when heated. Vapor at 120° Fahrenheit seems scalding and unbearable, yet those in the habit of using the hot-air bath say that 300° Fahrenheit is really enjoyable. For the toleration of high temperatures, it is essential that the heat be dry; a dash of cold water into the hot-air chamber, while it really reduces the temperature, renders the heat intolerable. Chabert, the Fire-King, as he was called, was in the habit of entering an oven heated to 600° Fahrenheit. Dr. Carpenter says that the workmen of Chantrey, the sculptor, went freely into the oven used for drying moulds while the floor was at a red heat. Those who work at iron furnaces, the stokers in the holds of steamships, glass blowers, and porcelain burners, are occasionally exposed to a heat so great as to burn their clothing, without suffering, and, it appears, without detriment to health, from the effects of the heat. Mr. Erasmus Wilson mentions the case of a gentleman who, in a letter, thus relates his experience in the heat of the thermæ:—"I cooked a mutton chop on my knee, and, in eating it afterward, the only inconvenience was in the matter of bread—it became toast before I could get it to my mouth."

That the skin is not injured by exposure to such heat, is a fact of which there is abundant evidence.

The toleration of sudden changes from very high temperatures is as remarkable. To step from the calidarium, as the highly heated apartment of the thermæ is called, to plunge into cold water, or roll in the snow, or walk leisurely in a freezing atmosphere, are said to produce a delightful sensation, without any chilliness. Mr. Wilson gives the following account of this sudden transition at his first experience in the thermæ:—"From the calidarium I passed to the frigidarium, on this occasion mid-winter and a piercingly cold, snowy day, truly deserving its name. I was then cloaked in a sheet, and was made to recline upon a cane couch immediately under the open

window. How cool and pleasant were the puffs of wind that played over my face and limbs! how different their impression on my skin to what they had been an hour before! I needed not the assurance of my friend that there was no danger of catarrh or bronchitis; my own feelings told me that I could resist any amount of cold, and I was obliged to suppress a longing to walk out upon the leads, with no other covering than my sheet, into the midst of the sleet and wind. Had the lead-flat been a terrace or lawn, I could not have resisted the temptation. To a person prone to take cold on exposure to slight draughts of air, this instinct of defiance of cold seemed very strange—one of the phenomena of the thermæ."

The immediate physiological effects of highly heated air on the body are an agreeable feeling of warmth to the skin, which soon becomes soft and pliant, and profuse sweating. This sweating is said not to debilitate, but, being merely an increase of excretion of water with effete matter by a natural emunctory, has a tonic influence. It is said that the body feels *lighter* after these sweatings, as though it had lost something which oppressed it. It has, however, been suggested that this same pleasurable lightness is experienced by those in the habit of being bled, and is rather an evidence of temporary debility.

Another physiological effect is the increased respiratory function of the skin while undergoing the thermal process. We know but little of the oxygenizing of the blood through the skin; but to whatever extent it does take place must be through its capillary circulation, and the hot-air bath floods the peripheral arterial capillaries. The writer above quoted says that "the lungs, which are the great oxydizers of the blood, are, in structure, very little different from the skin, the difference between them being more of position than organization; the mucus membrane of the lungs is an inverted skin, while the skin may be regarded as an everted lung." We do not think that there is physiological evidence of this great extent of the breathing function of the skin.

As another important physiological effect, it is claimed that the heat-cure restores the *normal* sensibility of the skin. The ordinary condition of the skin is said to be that of hyperæsthesia to impressions of heat and cold, with atrophy from habitual exclusion from air and light. The skin of the face and hands is not so painfully sensitive to heat and cold as that of the rest of the body; at the same time it is more sensitive to other impressions than other portions of the surface. The influence of the thermæ is to make the skin of the entire body, physiologically in its perceptions, like that of the hands and face. By the habitual use of the hot-air bath, the skin is said to become so as not to be painfully impressible to ordinary degrees of cold. Mr. Erasmus Wilson, in illustration of this fact, says:—"I lately saw a child, four years and a half old, who had been brought up in the constant use of the thermæ, and who had never worn clothes. He is a sturdy little fellow, graceful in his figure and movements, and has the independence of deportment of an Indian chieftain. Blows and outward injuries do not affect him painfully as they would other children; and, being met one day playing in the snow, he was asked whether he was cold. 'Cold!' said the boy, touching with his finger his chest and cheek; '*yes, I think I am cold.*' It required that he should pass his finger over his body, as he would have done over a marble statue, to become aware that the surface of his skin was in external sensation, cold." An occasional habitual resort to the thermæ by persons in health, is said to heighten the color of the skin, give it firmness and elasticity, removing the harshness and dingy tints frequently seen.

The therapeutic use of the thermæ may be inferred from these remarkable and decided physiological actions. A great emunctory of the system has its duty vastly increased. As the patient stands in the calidarium, the sweat first appears in sparkling drops on his entire surface, and then streams off until pools of water collect at his feet. He becomes thirsty and drinks plentifully of water; this is rapidly exuded in sweat, but carrying with it in solution effete matters, thus washing and refreshing the blood. Abnormal effusions or excessive deposits, as of fat, are, by the increased action of the absorbents, rapidly removed. The over-

burdened liver and kidneys are relieved by the eliminating function of the skin taking their place. Diseases which, like gout and rheumatism, depend on a morbid saline condition of the blood, as it is believed, are relieved by the morbific matter being dissolved and washed out. The thermal treatment is said to cure ague by breaking up the cold stage, and substituting what is the natural finale—the sweating stage. The most enthusiastic advocate of the heat-cure thinks that a high temperature will stop the fermentative (?) process of zymotic diseases, and at a high temperature will destroy animal poisons! Its direct application to the integument must make it a powerful alterative in skin diseases in which the secreting function is torpid.

All this, and much more, is claimed for the system of THERMO-THERAPEIA. In this country, as far as we know, it has not been tried. Let its rational application be studied by the profession, that it may not receive discredit or be abused by empiricism.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

The next annual convention of this society will meet on the second Wednesday of June, at *Pittsburgh*.

The purpose of locating the meeting so far west, is to facilitate the attendance of delegates from the counties on the western slope of the Alleghenies, who may often have been prevented by distance from attending the meetings in the eastern part of the State.

A committee of arrangements was appointed last year from the State at large, as it is, of course, proper that such a meeting should be independent in all respects. There is reason to hope, however, that the profession in that part of the State may embrace the occasion to renew and strengthen their ties of medical organization, both with each other and with the State society.

Fears have been expressed (we hope without sufficient reason) that the national organization may be seriously shaken by our perilous political troubles and agitations, and that the Chicago meeting will suffer in consequence. But, however this may be, *State* affinities, at least, ought not to be affected by the perturbations of a crisis which, in politics, has rather tended to render stronger the individualization of the several States.

Medical organization has even a political as well as a professional and social utility. We hope, therefore, sincerely that, through the efforts of those who recognize its great advantages, a new impulse may be given to it in this meeting in the metropolis of the western part of our State.

There is, we may confess, some boldness in the society thus inaugurating a meeting in a region from which so few delegates have heretofore attended its sessions. It may fail; but, at all events, it will show, on the part of those who attend from other distant parts of the State, an earnestness in their interest in medical advancement and union, which will do them credit.

It will be, we may add, more than usually convenient this year to attend the three conventions in which medical men are most interested. The National Sanitary Convention will be held at Cincinnati, during the last week of May; that of the American Medical Association, at Chicago, in the first week of June; and that of the State Medical Society of Pennsylvania, in the week following the latter. All three of these meetings can therefore be attended without much loss of time. It is probable that this fact will increase the number of attendants upon each of them.

All of the railroad companies throughout the State have consented to furnish *free return tickets* to delegates to the State Society, upon their giving evidence of their having attended its convention.

There are a great many counties in the State which have, as yet, no medical organizations. Pennsylvania is very much behind most of her sister States in this respect. If the profession, in the counties where no medical organizations exist, will *go vigorously to work*, there is ample time yet to organize societies and send delegates to the meeting at Pittsburgh. We shall be

pleased to chronicle the formation of medical societies in every county in the State. There are reasons why Pennsylvania should have the most efficient State and county medical societies in the country.

How many counties will issue calls, through our pages, for meetings on the last Wednesday in May, for the purpose of forming county medical societies?

FIELD SERVICE.

For several months the heart of the nation has throbbed spasmodically, as it were, in expectation of some dire calamity befalling it. The terrible reality is upon us. Civil war is inaugurated! We may and we shall ignore the political causes that have reversed the shadow on the dial-plate of time, and carried a great, prosperous, and *Christian* nation back into the dark ages of the world's history. Sincerely deploring the misfortune that has befallen us, as a nation, and expressing an ardent hope that the dark clouds that overshadow us will soon be dispelled, we propose to make a few remarks on the bearing of these stirring times on our profession.

The policy of our nation being eminently one of peace, military medicine and surgery, so familiar to the readers of European medical journals, and entering so largely into European medical politics, is only seldom heard of in journals or among the profession on this side the Atlantic. The exigencies of the times in our country, however, threaten to call into active service a very large military force, a very important part of whose officering will consist of surgeons. It will be the duty of these men to adapt themselves to their new positions. They must make themselves familiar with the routine of duty, whether in the camp, the field, or on ship-board. Military hygiene, as well as military surgery, will demand their most serious attention. The health of thousands of brave men will be confided to their care, and they may, by the adoption of proper sanitary measures, be able to prevent much sickness, which is always of more importance than to cure it after it is once established. If, in the progress of events, contending hosts should meet in sanguinary conflict, (which may Heaven avert!) their knowledge of anatomy and familiarity with the operations of surgery will be put to a severe test. They must hold themselves prepared to meet every surgical emergency, bearing in mind that almost every year brings into use some new form of weapon of warfare, causing wounds which require new expediencies of treatment. During the recent war in northern Italy, it was found that some of the new projectiles did much more damage to the bony structure than the simple rifle ball, requiring much patience and skill on the part of the surgeon. The use of anæsthetics, which have never yet been employed in our military surgery, will, should necessity call for it, be found a priceless boon in the hands of the surgeon.

Let not those whose duty or inclination call them into the employ of the government, in either branch of the military service, as surgeons, underrate the importance of what is ordinarily termed "minor surgery." Let them familiarize themselves with the different forms of bandage, and their application, with the proper modes of preparing fracture apparatus for use, and their adjustment, and with the gentlest, most speedy, and most effective mode of dressing minor injuries: bearing in mind that more real surgical skill is often displayed in these smaller operations in surgery, than in the larger and more showy ones.

Above all, let them remember that their mission is one of mercy, to relieve suffering, and that circumstances may call them to minister to friend and foe alike. This service, if rendered in the spirit which should actuate our profession, will be accorded as cheerfully and with as great alacrity to enemies, as is consistent with their first duty to the wounded of their own army.

We have thus early given expression to the above thoughts, as it is probable that some, for whom they are intended, will very soon be placed in circumstances that will deprive us of the opportunity of reaching them.

The Census of London, which will be taken during the present month, will, it is thought, number nearly three million persons.

Correspondence.

LETTER FROM NEW YORK.

New York, April 13, 1861.

Messrs. Editors:—According to all accounts, David Meredith Reese, A.M., M.D., LL.D., Professor, etc., is very ill. Fears are entertained that he will not again mount ye *Gazette's* editorial stool. The full diagnosis of his sufferings seems somewhat obscure; but no doubt exists as to the presence of cardiac, probably valvular, disease. General dropsy set in several weeks ago, and he is said to lose a large quantity of serous fluid daily by oozing out from his lower extremities. A man of less cerebral energy would probably long have succumbed, but he himself feels great hopes of his speedy recovery. Although he is an unpopular man among his compeers, and has many bitter enemies, there is still sympathy for him in his illness. The profession in the city has itself to blame for any degradation it may allege to have suffered through him.

Certain it is, to our mind, that the predominating mean *esprit medical* of Gotham has goaded him on to be what he has been, and a marked improvement in his medical *morale* has been, with an occasional fierce lapsus, unmistakably manifest for the last few years. That he has great talents, none that knows him can truthfully deny; his zeal, enthusiasm, and impulsiveness might surely have been turned by his medical brethren into a channel for the elevation of medicine only, and he might have been acknowledged one of the brightest ornaments—one of the ablest members—of our profession.

The intelligence in the Reporter of the 6th inst., of the death of Dr. E. J. Fountain, has been received by very many in this city with feelings of the most profound sorrow. We have learned that he died from the effects of taking, at a single dose, an ounce of chlorate of potash. He had already given it in divided doses of two ounces per day, and felt the greatest confidence in its harmlessness. We anxiously await the particulars of this fatal experiment. Dr. F. certainly was one of the most intelligent, noble-hearted, and, considering his early age, promising men in the profession. He lived and died for science. Peace, honor, and fame for his memory!

In medical politics there are many interests stirring. As to Bellevue Hospital Medical College, we endorse the truthful exposition by your correspondent, Manhattan. A couple of letters have passed between the Commissioners of Charities and Correction on the one hand, and the Medical Board of Bellevue Hospital on the other, relative to the providing a building, etc., for the new school. It is stated in one letter from the Medical Board that it is designed simply to render the wards under their charge, under proper regulations, subservient to clinical instruction, without interfering with the existing privileges of students of other institutions. It is intended that the college shall be entirely separate in its government from that board, the faculty of the new college occupying themselves with the instruction of the students, clinical instruction being the prominent feature.

It seems further that the sinews of war will have to come mostly, if not entirely, from the private pockets of the aspirants to professorial honors.

Much anxiety is manifested in medical circles, as well as by "Drug Men," as to the appointment by the Administration at Washington, of a Drug Inspector for this city. The candidates in the field, we suppose, rely mainly on their claims for political services, and it will probably be mere accident if a truly competent man get the place. We learn, however, that a medical gentleman of high scientific attainments, a graduate of old Yale, a private student in the laboratory and office of Prof. Silliman, the elder, for some years past one of the most efficient police surgeons in the city, and, in every way most competent to fill the post, is one of the applicants. This gentleman has the undivided sympathy, as far as we have ascertained, of all who interest themselves in preventing the importation of deleterious drugs; and if the interests of the community, and the wishes of those best capable of judging, are consulted in the choice, none other will be appointed. The position, especially in Gotham, the metropolitan port of entry for the whole country, is a very important one for the protection of the public from adulterated and worthless drugs. It is a post, too, in which every physician feels a direct interest, and we earnestly hope that we shall get a "capable and honest" Inspector of Drugs.

The "Metropolitan Health bill" has at length passed the State Assembly. It has yet to be acted upon by the Senate. It divides New York, Kings, and Richmond counties into "Health Districts," takes all the power relating to the public health out of the hands of the present health authorities, and vests it in Commissioners, independent of the Common Council, City Inspector, etc. There is considerable excitement here over the bill. Particulars in our next. Gotham.

AN ITINERENT QUACK AND HIS REMARKABLE SUCCESS.

Messrs. Editors:—The gullibility of our people was practiced upon a few weeks since by by an empiric, styling himself Dr. Lerimond. Taking a room in the chief hotel, he issued placards, circulated handbills, and little circu-

lars, so that in six weeks time he had received between one and two hundred dollars in cash, and had booked between two and three hundred dollars. One of his cures was to be on a mute, who in ten days was to be sound. But weeks passed, and the kind attentions of the doctor failed to accomplish anything. The mute was still a mute, her hearing being irrecoverably lost.

A runner from Cincinnati, named William Burgoyene, came to the hotel, sick, and, after an illness of eight days, left on his business, carrying the marks of a pustular disease on his person. When the doctor was told that it was small-pox, he ridiculed the idea, and called it Illinois mange. The result has been, that ten persons have taken the small-pox within three weeks of the time of Burgoyne's leaving. The proprietor of the hotel, Mr. Jesse Powel, has died with it, one other narrowly escaped with his life, the business of the house was prostrated—a tremendous expense, in consequence. The trade of the town has been almost entirely arrested, and Dr. Lerimond, preferring the Central Illinois Railroad mode of conveyance to the Illinois rail-splitters, left on short notice!

So vanishes the glories of this world.

James Robarts.

Carbondale, Ill., April 10, 1861.

LETTER FROM ILLINOIS.

Galesburg, April 6, 1861.

Messrs. Editors:—As you wish through your journal to keep the profession posted in all that concerns the general health, I beg leave to trouble you with a few facts, neither fancies nor theories.

Puerperal Fever.—Since October, all through this section of country, we may almost be said to have had an epidemic of puerperal fever. In my own practice there have been five cases, the most of them after delivery at full term; but one decided case was from abortion in the third month. There have been several deaths from this cause, but all of them, so far as I could ascertain, were either in the practice of quacks through the whole course of the disease, or, so long, that when the services of the profession were called in, the cases had progressed so far that no treatment would avail. I have not lost any of my cases, having had them exclusively under my own control. The plan of treatment I have relied on has been veratrum viride, to control arterial action, and opium in large and calomel in small doses, but in no case has ptyalism been produced. Having watched with the greatest interest the treatment of those who rely on active purgation, I am more and more convinced that though the cases so treated *may recover*, yet it is not the best mode.

One of my cases, in which acute peritonitis was the prevailing symptom, assumed a typhoid character, and the case ran on for five weeks. In this last case, after the typhoid symptoms had become prominent, she was treated with opium, essence of beef, and wine whey, and made a good recovery.

Pneumonia, especially among children, has also been prevalent. I have treated all my cases with veratrum, syrup of ipecac., and camph. tr. opium, sustaining them with the essence of beef. This has been my treatment of all the cases, except a torpid condition of the liver called for the hyd. c. creta. Nineteen cases have been thus treated without the loss of one.

Vaccination and Re-vaccination.—As we have had one case of small-pox, the whole community has been awakened to the propriety of vaccination. I have vaccinated 193 children who had never been vaccinated. In all the vaccination has been successful. Vaccinated also 43 adults; 30 of these had been previously vaccinated, and showed the characteristic cicatrix. Of these 30, who had supposed themselves secure, but two have come under the influence of the virus the second time; one was a gentleman 38 years of age, and the other a lady 25 years old. In two cases of adults who had been previously vaccinated, the arms became very sore and swollen, but the characteristic pock did not appear. Yours very truly,

B. Woodward.

HERNIA OF FOURTEEN YEARS' EXISTENCE, AND ITS RADICAL CURE.

Messrs. Editors:—This subject brings before me an Irish gentleman, Mr. Thomas M—, who served as an officer of no ordinary distinction for eleven years in the British service in the East Indies.

When a young man of twenty-three, and while a collegian in Ireland, he first discovered the existence of hernia; not having the slightest knowledge of its nature, he neglected professional consultation for a whole year, while his only relief was the frequent application of his hand through his breeches pocket. He, at this period, became an officer in the British service, and soon after embarked for India in that capacity, where he consulted the distinguished Dr. Boyce, in Carachee, above the river Indus, in the Bombay Presidency, who immediately recommended the application of a truss. This he used continually for two years, and after this, at irregular intervals, when occasion required its application.

He returned to Europe in 1847, when he resigned his position, and having an inordinate desire to the participation of freedom with free men, he embarked for America in 1848, where his talents and general worth raised him to several distinguished positions.

He is now a respected and useful member of society in the neighborhood of New York, where he has principally resided.

For the last four years he has had no occasion to use a truss. This seems to be a radical cure—without an operation—under the occasional application of the truss.

Jno. Malone, M.D.

Brooklyn, April 5, 1861.

NEWS AND MISCELLANY.

Commercial Hospital, Cincinnati.—The Legislature of Ohio has passed a law reorganizing the Commercial Hospital of that city. The law goes into operation on the 1st of May. The *Lancet and Observer* says:—"For the future, the hospital will be under the management of a board of seven trustees, who are to serve without pay. Two of them are to be appointed by the Superior Court, two by the Court of Common Pleas, one by the Governor, and the Mayor and the oldest member of the Board of City Infirmary are to constitute the other two. This board has power to discharge the present medical staff at pleasure, and appoint whom they may please. The ugly monopoly which the Medical College of Ohio has so long exercised over the hospital, so detrimental to medical teaching, has at last been broken up. Dr. Drake began an active opposition, in 1837, against the monopoly exercised by the Medical College of Ohio, and now we live to see it successful. We hope the new board will take a large and liberal view of the interests of the hospital and medical teaching in this city, and appoint good men on the staff of the hospital. The law is not all that was desired, and, unless the hospital service is rendered by men unconnected with the college, further legislation will be sought for to amend it. The object and the wish is to have the hospital organized with a corps of surgeons and physicians well qualified in every respect, who have time sufficient to devote to it."

Lacordaire having been elected a member of the Academy of Sciences, in Paris, was recently received by that body. The following, which we quote from the Cincinnati *Lancet and Observer*, gives an interesting account of the proceedings on that occasion:

"The reception of Father Lacordaire into the Academy of Sciences, Paris, at a meeting in January, drew a great crowd. The chamber of the Academy was crowded by the elite, all the distinguished savans, members of the imperial family, including the Empress, Princess Mathilde, and many distinguished foreigners. He is the first monk ever elected a member of the distinguished body. In the words of a correspondent, 'It was a strange sight to see the tribune of that hall, sacred to literature and science, occupied by a man clothed in a white woolen frock, with sandals on his feet, the top of his head shaved, and a rope suspended from his girdle, in token of his mission of humanity in saving the lives of his fellow-creatures. It was still more curious to see that man, thus clothed in the simple habiliments of the monk of Mount St. Bernard, and in the presence of a learned assembly, composed mostly of the elite of the Legitimist party, stand up and boldly eulogize the democracy and the institutions of America, to the derogation of the democracy and the institutions of France, and of Europe.' The subject of Father Lacordaire's speech was the life and character of De Tocqueville. He was elected to fill the vacancy of the latter, who, as our readers are well aware, died a short time since.

"We hope the day is not far distant when we shall have either a National Academy of Sciences, or one in each State, which shall compare favorably with that of Paris, embracing the learned of all professions, working together for the good of humanity."

African Women.—The African explorer, Dr. Livingstone, states, in a recent letter, that he has found nothing more remarkable among the highly intelligent tribes of the Upper Zambeza than the respect universally accorded to women by them:

Many of these tribes are governed by a female chief. If you demand anything of a man, remarks the intrepid explorer, he replies, I will talk with my wife about it! If the woman consent, your demand is granted. If she refuse, you will receive a negative reply. Women vote in all the public assemblies. Among the Bechaunas and Kaffirs the men swear by their father; but among the veritable Africans, occupying the centre of the continent, they always swear by their mother. If a young man falls in love with a maiden of another village, he leaves his own and takes up his residence in hers. He is obliged to provide in part for the maintenance of his mother-in-law, and to assume a respectful attitude, a sort of semi-kneeling, in her presence. I was so much astonished at all these marks of respect for women that I inquired of the Portuguese if such had always been the habit of the country. They assured me that such had always been the case.

Still Another New Anthelmintic.—Following on those of recent origin, as Kousso, Pumpkin Seeds, and Kameela, another, called the Mesenna, has been presented before the French Academy of Sciences. The Parisian correspondent of the *Lancet* says, that it is claimed to have the power of destroying the parasite without deranging the stomach, or disturbing the functions of any other organ. M. Courbon, a French naval surgeon, who accompanied an exploring expedition to the Red Sea coasts, says that the mesenna resembles the *Acaciæ Lebbeck* of Linnæus, and should be classed with the genus *Albizzia*. The powered bark of the tree is used, in doses of one or two ounces, made into a mixture or paste.

Erratum.—In the Reporter for April 6, in Dr. Johnson's article on Coloboma, eighth line from commencement, for "viscous" read *vicious*.

The Influence of Marriages of Consanguinity.—A writer in the *Lancet* suggests the importance of recording in all hospitals the degree of consanguinity of parents of patients, as the best means of ascertaining the influence of alliance of blood relations in producing diseases of their offspring.

Fatal Parturient Hemorrhage in a Cat was recently reported to the London Pathological Society. The body of the animal was exhibited, and an autopsy made. The placenta was found partially detached, but with the exception of thinness of walls of the uterus, nothing abnormal was noticed.

MARRIED.

NEWTON—GILLETTE.—March 27, Geo. J. Newton, M. D., of Gloversville, N. Y., and Miss Emma S. Gillette, of the same place.

DIED.

HAMERSLY.—At Thorndale, Pa., on the 8th inst., Louisa Graff, infant daughter of Dr. E. S. and Louisa G. Hamersly, aged 9 months.

HAMERSLY.—On the 15th inst., in the 31st year of her age, Louisa G., wife of Dr. E. S. Hamersly, and daughter of the late Charles Graff, Esq.

WARD.—In Newark, N. J., April 9, Arthur William, aged 3 years and 10 months, and Frances Elizabeth, aged 10 months, children of Dr. William S. and Elizabeth S. Ward.

ECKELMAN.—At Mottville, Mich., April 9th, by Rev. A. S. Bartholomew, F. C. Eckelman, M. D., of Bristol, Indiana, and Miss Lizzie Look, of Selin's Grove, Pa.

A meeting of the District Medical Society, for the county of Essex, was held in Newark, on the 10th inst., to express their feelings in regard to the death of Dr. OSCAR J. AKERS. Remarks were made by Drs. Baldwin, Smith, and Grant, eulogizing the deceased.

A committee of three, consisting of Drs. Coles, L. A. Smith, and J. F. Ward, were appointed to draft resolutions, who reported the following, which were adopted:

Whereas, in the inscrutable providence of God, our friend and brother, Oscar J. Akers, has been removed from earth by the sudden stroke of a brief illness,—

Resolved, That the many excellent qualities of the deceased—his geniality and kindness of heart, his sound judgment and ample information, especially on topics connected with his profession—give us great and unusual reason to mourn his loss.

Resolved, That this painful event adds another to the many instances, often too little appreciated, where physicians have laid down their lives on the altar of professional duty; and that this consideration may legitimately assuage the grief of his sorrowing friends.

Resolved, That we tender our sincere sympathy to his bereaved wife and relatives, asking permission to mingle our regrets with theirs.

Resolved, That we attend the funeral in a body, and wear the usual badge of mourning for thirty days.

Resolved, That a copy of these proceedings be published in the journals of the city, and also in the *Medical and Surgical Reporter*, and the same be furnished to the family of the deceased.

HIRAM H. TICHENO
Secretary.

Answers to Correspondents.

Dr. O. H. P., Georgia.—The works you mention can be sent by mail. The cost, including postage, will be about $10. We will procure and forward them, if you desire it. The numbers of the REPORTER (219 and 223) have been sent.

Dr. J. T. R., Wisconsin.—We refer you to notices of works on diphtheria in this and in a late number of the REPORTER. We have published a good deal on the subject. We refer you to Dr. Pepper's Lectures, published last January; Dr. Alonzo Clark's, published more than a year ago; Dr. Hartshorne's Paper, and the discussion it elicited before the Philadelphia County Medical Society.

Dr. W. S. H., Pennsylvania.—The following is Norwood's formula for making tincture of veratrum viride:—"Root of veratrum viride, dried, 8 oz.; alcohol of the shops, undiluted, 16 oz. Macerate from ten days to two weeks." It will be perceived that the formula is rather indefinite in some of its terms; but the evident object is to get a saturated tincture.

Dr. L., California.—Times are so "out of joint," and interests of such momentous importance are transpiring, that it would be useless to push the inquiry you make now.

Dr. B., New Orleans, and others.—The table of Mortality of Cities will be resumed as soon as we can make arrangements to do so. We labor under very great difficulty in getting reliable reports, and those that we do get require much labor and patience to harmonize them. However, the reports are useful, and will be resumed when arrangements are made. They demand *a large part of one person's time and attention.*

COMMUNICATIONS RECEIVED.

Connecticut—Dr. J. B. Lewis, with encl.; Dr. W. N. Clark. *California*—Dr. T. M. Logan; Dr. S. Page, with encl. *Delaware*—Dr. G. G. Hammond, with encl. *Florida*—Dr. W. J. Scull, with encl. *Georgia*—Dr. O. H. Paull. *Illinois*—Dr. C. Goodbrake, with encl.; Dr. A. S. Barr, with encl.; Dr. J. Robarts; Dr. H. Austin, with encl.; Dr. J. A. Brown; Dr. J. N. Ralston, with encl.; Dr. J. L. Perryman, with encl. *Indiana*—Dr. W. P. Welborn; Dr. F. C. Eckleman. *Kansas*—Dr. A. Woodhull, with encl. *Kentucky*—Dr. J. S. Hatchitt, with encl.; *Maine*—Dr. A. W. Currier. *Massachusetts*—Dr. H. H. Mitchell (2); Dr. C. B. Smith, with encl. *Mississippi*—Dr. J. W. Shattuck. *New Jersey*—Dr. H. H. Tichenor; Dr. J. Roberts; Dr. E. T. Blackwell. *New York*—Dr. G. J. Newton; Dr. A. F. Ward; Dr. L. Bauer; Dr. E. Collins; Dr. J. Swinburne; Dr. G. D. Crispell, with encl; Dr. C. E. Halsey; Dr. J. B. Jones. *North Carolina*—Dr. D. W. Lewis; Dr. W. T. Howard. *Ohio*—Dr. N. B. Tyler, with encl.; Dr. W. B. Davisson, with encl.; Dr. R. W. Johnson; Dr. G. W. Barnes; Dr. A. Jones; Dr. J. Williams, with encl. *Pennsylvania*—Dr. J. Ream; Dr. F. B. Martin, with encl.; Dr. J. V. Epler, with encl.; Dr. R. Davidson, with encl.; Dr. T. G. Morris; Dr. T. B. Cooper, with encl.; Dr. E. E. Smith, with encl.; Dr. C. L. Lyon, with encl.; Dr. J. K. Hertz, with encl.; Dr. A. F. Herman, with encl.; Dr. H Yerkes, with encl.; Dr. O. D. Palmer; Dr. Geo. Byerle, with encl. *Tennessee*—Dr. H. M. Moore.

Office Payments.—Dr. H. B. Buck, Pa.; Dr. W. T. Taylor, Pa.; Dr. W. H. Magill, Pa.; Dr. Wm. Leiser, Pa.; Dr. B. W. Stauffer, Pa.; Dr. Silas Purdy, Nova Scotia; Dr. J. T. Atkinson, Nova Scotia; Dr. Thos. R. Simpson, Ohio. By Mr. Hulme: Dr. F. R. Graham, Pa.; Dr. C. Preston, Pa.; Dr. David Rose, Jr., Pa.; Dr. J. D. Cardeza, Del.; Dr. J. C. Wetherby, N. J. By Mr. Swain: Drs. C. Cady, De Lacy, Heritage, Larrison, Sinclair, McGrath, and Gilliams.